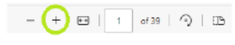
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Network Health Plan WI

Prior Authorization Procedure List: Radiology - Advanced Imaging

C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
MR	**70336**	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Yes	Yes	70336	1/8/2014	1/1/2025	Active	Active
CT	**70450**	Computed tomography, head or brain; without contrast material	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CT	**70460**	Computed tomography, head or brain; with contrast material(s)	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CT	**70470**	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	70450, 70460, 70470	1/8/2014	1/1/2025	Active	Active
CTA	**70471**	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Yes	Yes	70471	1/1/2026	1/1/2026	Active	Active
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)	Yes - Add-On code redirects to 70460, 70470, 70496, 70471	Yes - Add-On code redirects to 70460, 70470, 70496, 70471	70460, 70470, 70496, 70471, 70472	1/1/2026	1/1/2026	Active	Active
3DI	**70473**	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	Yes - 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.	Yes - 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.	70460, 70470, 70496, 70471, 70473	1/1/2026	1/1/2026	Active	Active
CT	**70481**	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Yes	Yes	70480, 70481, 70482	1/8/2014	1/1/2025	Active	Active
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	70480, 70481, 70482	1/8/2014	1/1/2025	Active	Active
CT	**70486**	Computed tomography, maxillofacial area; without contrast material	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	**70487**	Computed tomography, maxillofacial area; with contrast material(s)	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	**70488**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	70486, 70487, 70488, 76380	1/8/2014	1/1/2025	Active	Active
CT	**70490**	Computed tomography, soft tissue neck; without contrast material	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	**70491**	Computed tomography, soft tissue neck; with contrast material(s)	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	**70492**	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Yes	Yes	70490, 70491, 70492, 72125, 72126, 72127	1/8/2014	1/1/2025	Active	Active
CT	**70496**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	70496	1/8/2014	1/1/2025	Active	Active
CT	**70498**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	70498	1/8/2014	1/1/2025	Active	Active
MR	**70540**	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	**70542**	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
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	70551, 70552, 70553, 70540, 70542, 70543,	1/8/2014	1/1/2025	Active	Active
MR	**70544**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s)	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	**70545**	Magnetic resonance angiography, head, including image postprocessing; with contrast material(s)	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	**70546**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	70544, 70545, 70546	1/8/2014	1/1/2025	Active	Active
MR	**70547**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s)	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	**70548**	Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s)	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	**70549**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	70547, 70548, 70549	1/8/2014	1/1/2025	Active	Active
MR	**70551**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	**70552**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	**70553**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Yes	Yes	70551, 70552, 70553, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
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	70554, 70555	1/8/2014	1/1/2025	Active	Active
MR	**70555**	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Yes	Yes	70554, 70555	1/8/2014	1/1/2025	Active	Active
CT	**71250**	Computed tomography, thorax; without contrast material	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	**71260**	Computed tomography, thorax; with contrast material(s)	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	**71270**	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	71250, 71260, 71270, 72192, 72193, 72194, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	**71271**	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes		12/29/2020	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
CT	**71275**	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	71275	1/8/2014	1/1/2025	Active	Active
CT	**71550**	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes	Yes	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active
CT	**71551**	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes	Yes	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active
CT	**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	71550, 71551, 71552	1/8/2014	1/1/2025	Active	Active
CT	**71555**	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	Yes	Yes	71555	1/8/2014	1/1/2025	Active	Active
CT	**72125**	Computed tomography, cervical spine; without contrast material	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	**72126**	Computed tomography, cervical spine; with contrast material	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	**72127**	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72125, 72126, 72127, 70490, 70491, 70492	1/8/2014	1/1/2025	Active	Active
CT	**72128**	Computed tomography, thoracic spine; without contrast material	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	**72129**	Computed tomography, thoracic spine; with contrast material	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	**72130**	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72128, 72129, 72130	1/8/2014	1/1/2025	Active	Active
CT	**72131**	Computed tomography, lumbar spine; without contrast material	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
CT	**72132**	Computed tomography, lumbar spine; with contrast material	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
CT	**72133**	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72131, 72132, 72133	1/8/2014	1/1/2025	Active	Active
MR	**72141**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	**72142**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Yes	Yes	72141, 72142, 72156, 70540, 70542, 70543	1/8/2014	1/1/2025	Active	Active
MR	**72146**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Yes	Yes	72146, 72147, 72157	1/8/2014	1/1/2025	Active	Active
MR	**72147**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Yes	Yes	72146, 72147, 72157	1/8/2014	1/1/2025	Active	Active
MR	**72148**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Yes	Yes	72148, 72149, 72158	1/8/2014	1/1/2025	Active	Active
MR	**72149**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Yes	Yes	72148, 72149, 72158	1/8/2014	1/1/2025	Active	Active
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	72156, 70540, 70542, 70543, 72141, 72142	1/8/2014	1/1/2025	Active	Active
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	72157, 72146, 72147	1/8/2014	1/1/2025	Active	Active
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	72158, 72148, 72149	1/8/2014	1/1/2025	Active	Active
MR	**72159**	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Yes	Yes	72159	1/8/2014	1/1/2025	Active	Active
CT	**72191**	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	72191	1/8/2014	1/1/2025	Active	Active
CT	**72192**	Computed tomography, pelvis; without contrast material	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	**72193**	Computed tomography, pelvis; with contrast material(s)	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
CT	**72194**	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	72192, 72193, 72194, 71250, 71260, 71270, 74150, 74160, 74170	1/8/2014	1/1/2025	Active	Active
MR	**72195**	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	**72196**	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	**72197**	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes	72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	**72198**	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Yes	Yes	72198	1/8/2014	1/1/2025	Active	Active
CT	**73200**	Computed tomography, upper extremity; without contrast material	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	**73201**	Computed tomography, upper extremity; with contrast material(s)	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	**73202**	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	73200, 73201, 73202	1/8/2014	1/1/2025	Active	Active
CT	**73206**	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	73206	1/8/2014	1/1/2025	Active	Active
MR	**73218**	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Yes	Yes	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
MR	**73219**	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Yes	Yes	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
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	73218, 73219, 73220	1/8/2014	1/1/2025	Active	Active
MR	**73221**	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Yes	Yes	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
MR	**73222**	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Yes	Yes	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
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	73221, 73222, 73223	1/8/2014	1/1/2025	Active	Active
MR	**73225**	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Yes	Yes	73225	1/8/2014	1/1/2025	Active	Active
CT	**73700**	Computed tomography, lower extremity; without contrast material	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active
CT	**73701**	Computed tomography, lower extremity; with contrast material(s)	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active
CT	**73702**	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	73700, 73701, 73702	1/8/2014	1/1/2025	Active	Active
CT	**73706**	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	73706	1/8/2014	1/1/2025	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
MR	**73718**	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	**73719**	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
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	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	**73721**	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Yes	Yes	73721, 73722, 73723, 73718, 73719, 73720, 72195, 72196, 72197	1/8/2014	1/1/2025	Active	Active
MR	**73722**	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Yes	Yes	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
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	73718, 73719, 73720, 73721, 73722, 73723	1/8/2014	1/1/2025	Active	Active
MR	**73725**	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Yes	Yes	73725	1/8/2014	1/1/2025	Active	Active
CT	**74150**	Computed tomography, abdomen; without contrast material	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	**74160**	Computed tomography, abdomen; with contrast material(s)	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	**74170**	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Yes	Yes	74150, 74160, 74170, 71250, 71260, 71270, 72192, 72193, 72194	1/8/2014	1/1/2025	Active	Active
CT	**74174**	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	74174	1/8/2014	1/1/2025	Active	Active
CT	**74175**	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes	Yes	74175	1/8/2014	1/1/2025	Active	Active
CT	**74176**	Computed tomography, abdomen and pelvis; without contrast material	Yes	Yes	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
CT	**74177**	Computed tomography, abdomen and pelvis; with contrast material(s)	Yes	Yes	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
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	74176, 74177, 74178	1/8/2014	1/1/2025	Active	Active
MR	**74181**	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Yes	Yes	74181, 74182, 74183, S8037	1/8/2014	1/1/2025	Active	Active
MR	**74182**	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Yes	Yes	74181, 74182, 74183, S8037	1/8/2014	1/1/2025	Active	Active
MR	**74183**	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Yes	Yes	74181, 74182, 74183, S8092	1/8/2014	1/1/2025	Active	Active
MR	**74185**	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Yes	Yes	74185	1/8/2014	1/1/2025	Active	Active
CT	**74261**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Yes	Yes	74261, 74262	1/8/2014	1/1/2025	Active	Active
CT	**74262**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Yes	Yes	74261, 74262	1/8/2014	1/1/2025	Active	Active
CT	**74263**	Computed tomographic (CT) colonography, screening, including image postprocessing	Yes	Yes	74263	1/8/2014	1/1/2025	Active	Active
MR	**74712**	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes	74712, 78491, 78492, 74713	12/31/2015	1/1/2025	Active	Active
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	74713, 78491, 78492, 74712	12/31/2015	1/1/2025	Active	Active
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	75635	1/8/2014	1/1/2025	Active	Active
CT	**76380**	Computed tomography, limited or localized follow-up study	Yes	Yes	76380, 70486, 70487, 70488	6/16/2015	1/1/2025	Active	Active
MR	**76390**	Magnetic resonance spectroscopy	Yes	Yes	76390	1/8/2014	1/1/2025	Active	Active
MRI	**76391**	Magnetic resonance (eg, vibration) elastography	Yes	Yes		1/4/2019	1/1/2025	Active	Active
CT	**76497**	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	Yes	76497	1/8/2014	1/1/2025	Active	Active
MR	**76498**	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	Yes	76498	1/8/2014	1/1/2025	Active	Active
BMRI	**77046**	Magnetic resonance imaging, breast, without contrast material; unilateral	Out of Scope	Yes		11/16/2018	1/1/2025	Active	Active
BMRI	**77047**	Magnetic resonance imaging, breast, without contrast material; bilateral	Out of Scope	Yes		11/16/2018	1/1/2025	Active	Active
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	Out of Scope	Yes		11/16/2018	1/1/2025	Active	Active
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	Out of Scope	Yes		11/16/2018	1/1/2025	Active	Active
MR	**77084**	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Yes	Yes	77084	1/8/2014	1/1/2025	Active	Active
PET	**78608**	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	78608, 78609	1/8/2014	1/1/2025	Active	Active
PET	**78609**	Brain imaging, positron emission tomography (PET); perfusion evaluation	Yes	Yes	78609, 78609	1/8/2014	1/1/2025	Active	Active
PET	**78811**	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	**78812**	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
PET	**78813**	Positron emission tomography (PET) imaging; whole body	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
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	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active
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	78811, 78812, 78813, 78814, 78815, 78816	1/8/2014	1/1/2025	Active	Active

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PET	**78816**	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Yes	Yes	78811, 78812, 78813, 78814, 78815, 78816, G0219	1/8/2014	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
MR	**0610T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
MR	**0612T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0633T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0634T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0635T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0636T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0637T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
CT	**0638T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Investigational/ Experimental	Investigational/ Experimental		12/29/2020	1/1/2025	Active	Active
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***	Investigational/ Experimental	Investigational/ Experimental		6/27/2021	1/1/2025	Active	Active
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***	Investigational/ Experimental	Investigational/ Experimental		6/27/2021	1/1/2025	Active	Active
MR	**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		12/21/2021	1/1/2025	Active	Active
MR	**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		12/21/2021	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
CT (CTA)	**0711T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
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/ Experimental	Investigational/ Experimental		12/21/2021	1/1/2025	Active	Active
CT (CTA)	**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		12/21/2021	1/1/2025	Active	Active
MR	**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	Yes	Yes		1/1/2024	1/1/2025	Active	Active
MR	**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)	Yes	Yes		1/1/2024	1/1/2025	Active	Active
MR	**C9791**	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes		1/1/2024	1/1/2025	Active	Active
PET	**G0235**	PET Imaging, Any Site, Not Otherwise Specified	Yes	Yes		1/17/2014	1/1/2025	Active	Active
PET	**G0252**	PET Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer	Yes	Yes		1/17/2014	1/1/2025	Active	Active
MR	**S8035**	Magnetic Source Imaging (MSI)	Yes	Yes	S8035	1/15/2014	1/1/2025	Active	Active
MR	**S8037**	Magnetic resonance cholangiopancreatography (MRCP)	Yes	Yes	S8037, 74181, 74182, 74183	1/8/2014	1/1/2025	Active	Active
MR	**S8042**	MRI Low Field	Yes - Redirect to 78811 -78816	Yes - Redirect to 78811 - 78816	S8042	1/15/2014	1/8/2014	Active	N/A
CT	**S8092**	CT Electron Beam (also known as Ultrafast CT, Cine CT), for calcium scoring	Redirects to 75571	Redirects to 75571	S8092	1/8/2014	1/1/2025	Active	Active

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EviCore
By EVERNORTH

network health

Network Health Plan WI
Prior Authorization Procedure List: Cardiology

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Term Date	Medicare Termed Date	Original NH grouping list
CID	**33206**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33207**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33208**	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33212**	Insertion of pacemaker pulse generator only; with existing single lead	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33213**	Insertion of pacemaker pulse generator only; with existing dual leads	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
CID	**33221**	Insertion of pacemaker pulse generator only; with existing multiple leads	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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)	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33227**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33228**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33229**	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33230**	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33231**	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33240**	Insertion of implantable defibrillator pulse generator only; with existing single lead	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33249**	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33262**	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33263**	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
CID	**33264**	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
MR	**75557**	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Yes	Yes	75557, 75559, 75561, 75563, +75565	1/8/2014	7/1/2026	Active	Active	8/7/2019 - Moved to Cardiology list
MR	**75559**	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes	75557, 75559, 75561, 75563, +75565	1/8/2014	7/1/2026	Active	Active	8/7/2019 - Moved to Cardiology list
MR	**75561**	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Yes	Yes	75557, 75559, 75561, 75563, +75565	1/8/2014	7/1/2026	Active	Active	8/7/2019 - Moved to Cardiology list
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	75557, 75559, 75561, 75563, +75565	1/8/2014	7/1/2026	Active	Active	8/7/2019 - Moved to Cardiology list
MR	**75565**	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	Yes	Yes	75557, 75559, 75561, 75563, +75565	1/8/2014	7/1/2026	Active	Active	8/7/2019 - Moved to Cardiology list
CT	**75571**	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	Yes	75571	1/8/2014	7/1/2026	Active	Active	
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	75572	1/8/2014	7/1/2026	Active	Active	S8092 not part of original NH grouping
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 left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	Yes	Yes	75573	1/8/2014	7/1/2026	Active	Active	
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 evaluation of venous structures, if performed)	Yes	Yes	75574	1/8/2014	7/1/2026	Active	Active	
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	Yes	Yes	75577	1/1/2026	7/1/2026	Active	Active	
CCTA	**75580**	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Yes	Yes		1/1/2024	7/1/2026	Active	Active	
Nuc Card	**78414**	Non-Imaging Heart Function	Yes	Yes		12/11/2019	7/1/2026	Active	Active	12/13/2019 - Added per task 3151
Nuc Card	**78428**	Cardiac Shunt Imaging	Yes	Yes		12/11/2019	7/1/2026	Active	Active	12/13/2019 - Added per task 3151

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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		12/12/2019	1/1/2025	Active	Active	
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		12/13/2019	1/1/2025	Active	Active	
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		12/13/2019	7/1/2026	Active	Active	1/1/2020 AMA Additions
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		12/12/2019	7/1/2026	Active	Active	1/1/2020 AMA Additions
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		12/12/2019	7/1/2026	Active	Active	1/1/2020 AMA Additions
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		12/12/2019	7/1/2026	Active	Active	1/1/2020 AMA Additions
Nuc Card	**78451**	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**78452**	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**78454**	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
PET	**78459**	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active	1/1/2020 AMA revision
Nuc Card	**78466**	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**78468**	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**78469**	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Yes	Yes	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78472, 78473, 78494, +78496	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78472, 78473, 78494, +78496	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499	1/8/2014	7/1/2026	Active	Active	no change
PET	**78491**	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active	1/1/2020 AMA revision
PET	**78492**	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Yes	Yes	78459, 78491, 78492	1/8/2014	1/1/2025	Active	Active	1/1/2020 AMA revision
Nuc Card	**78494**	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Yes	Yes	78472, 78473, 78494, +78496	1/8/2014	7/1/2026	Active	Active	no change
Nuc Card	**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	78472, 78473, 78494, +78496	1/8/2014	7/1/2026	Active	Active	no change

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Echo	**93350**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Yes	Yes	93350, 93351, +93320, +93321, +93325	1/8/2014	7/1/2026	Active	Active	no change
Echo	**93351**	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Yes	Yes	93350, 93351, +93320, +93321, +93325	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**93451**	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Yes	Yes	93451	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes	93452	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**93453**	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Yes	Yes	93453	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Yes	Yes	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461	1/8/2014	7/1/2026	Active	Active	no change
Catheterization	**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	93593	12/21/2021	7/1/2026	Active	Active	
Catheterization	**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	93594	12/21/2021	7/1/2026	Active	Active	
Catheterization	**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	93595	12/21/2021	7/1/2026	Active	Active	
Catheterization	**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	93596	12/21/2021	7/1/2026	Active	Active	
Catheterization	**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); connections abnormal native connections	Yes	Yes	93597	12/21/2021	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
CID	**0614T**	Removal and replacement of substernal implantable defibrillator pulse generator	Yes	Yes		7/1/2026	7/1/2026	Active	Active	
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		7/11/2023	7/11/2023	Active	NA	
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		7/1/2026	7/1/2026	Active	Active	

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Term Date	Medicare Termed Date	Original NH grouping list
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
CID	**0923T**	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Yes - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	
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 - Investigational	Yes - Investigational		7/1/2026	7/1/2026	Active	Active	

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EviCore
By EVERNORTH

network health

Network Health Plan WI

Prior Authorization Procedure List: Interventional Pain

C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Internventional Pain	**22505**	Manipulation of spine requiring anesthesia, any region	Yes	Yes	22505	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Internventional Pain	**22526**	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**22527**	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62264**	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day	Yes	Yes		5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Internventional Pain	**63663**	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**63664**	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) place via laminectomy, including fluoroscopy, when performed	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**27096**	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Yes	Yes	27096	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62263**	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Yes	Yes	62263, 62264	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62280**	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62281**	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62282**	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Yes	Yes	62280, 62281, 62282	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62287**	Decompression, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Internventional Pain	**62292**	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	Yes		4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Internventional Pain	**62320**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62321**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62322**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62323**	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62324**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62325**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62326**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62327**	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327	1/3/2017	1/3/2017	Active	Active
Musculoskeletal	Internventional Pain	**62350**	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without Laminectomy	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62351**	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With Laminectomy	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62360**	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	Yes		5/14/2015	5/14/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Internventional Pain	**62361**	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**62362**	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**63650**	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**63655**	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**63685**	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Yes	Yes		6/4/2020	6/4/2020	Active	Active
Musculoskeletal	Internventional Pain	**63688**	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64451**	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes		12/16/2019	12/16/2019	Active	Active
Musculoskeletal	Internventional Pain	**64479**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64480**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Yes	Yes	64479, 64480	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64483**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64484**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Yes	Yes	64483, 64484	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64490**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64491**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64492**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64493**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64494**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64495**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	64490, 64491, 64492, 64493, 64494, 64495	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64510**	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64520**	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) **Requests for injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans) are not in scope of review and do not require prior authorization.**	Yes	Yes	64510, 64520	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64633**	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64634**	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64635**	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**64636**	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Yes	Yes	64633, 64634, 64635, 64636	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0200T**	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Yes	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active
Musculoskeletal	Internventional Pain	**0201T**	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Yes	Yes	0200T, 0201T	4/22/2014	4/22/2014	Active	Active

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Musculoskeletal	Internventional Pain	**0213T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Yes	Yes	0213T, 0214T, 0215T, 0216T, 0217T, 0218T	5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0214T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0215T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0216T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0217T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Internventional Pain	**0218T**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes		5/14/2015	5/14/2015	Active	Active
Musculoskeletal	Interventional Pain	**0627T**	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	**0628T**	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	**0629T**	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Interventional Pain	**0630T**	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	Yes	Yes		12/29/2020	12/29/2020	Active	Active
Musculoskeletal	Internventional Pain	**0784T**	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Internventional Pain	**0785T**	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Internventional Pain	**M0076**	Prolotherapy	Yes	Yes	M0076	5/14/2015	5/14/2015	Active	Active

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EviCore
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network health

Network Health Plan WI

Prior Authorization Procedure List: Joint Services (Hip/Knee/Shoulder)

C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	**23000**	Removal of subdeltoid calcareous deposits, open	Yes	Yes	23000, 23020	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23020**	Capsular contracture release (eg, Sever type procedure)	Yes	Yes	23000, 23020	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23120**	Claviculectomy; partial	Yes	Yes	23120	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23130**	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Yes	Yes	23130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23410**	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Yes	Yes	23410, 23412	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23412**	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Yes	Yes	23410, 23412	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23415**	Coracoacromial ligament release, with or without acromioplasty	Yes	Yes	23415, 23420	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23420**	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Yes	Yes	23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23430**	Tenodesis of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23440**	Resection or transplantation of long tendon of biceps	Yes	Yes	23395, 23397, 23430, 23440	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23450**	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23455**	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23460**	Capsulorrhaphy, anterior, any type; with bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23462**	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23466	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23465**	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23466**	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Yes	Yes	23450, 23455, 23460, 23462, 23465, 23470	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23470**	Arthroplasty, glenohumeral joint; hemiarthroplasty	Yes	Yes	23470, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23472**	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Yes	Yes	23470, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23473**	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Yes	Yes	23473, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**23474**	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Yes	Yes	23473, 23472	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27125**	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Yes	Yes	27122, 27125, 27130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27130**	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Yes	Yes	27122, 27125, 27130	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27132**	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Yes	Yes	27132	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27134**	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27137**	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27138**	Revision of total hip arthroplasty; femoral component only, with or without allograft	Yes	Yes	27134, 27137, 27138	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27282**	Arthrodesis, symphysis pubis (including obtaining graft)	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27332**	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27333**	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27334**	Arthrotomy, with synovectomy, knee; anterior OR posterior	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27335**	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Yes	Yes	27330. 27331, 27332, 27333, 27334, 27335	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27403**	Arthrotomy with meniscus repair, knee	Yes	Yes	27403	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27405**	Repair, primary, torn ligament and/or capsule, knee; collateral	Yes	Yes	27405, 27407, 27409	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27412**	Autologous chondrocyte implantation, knee	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27415**	Osteochondral allograft, knee, open	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active

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Musculoskeletal	Joint Surgery	**27416**	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Yes	Yes	27412, 27415, 27416	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27418**	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Yes	Yes	27418	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27420**	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27422**	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27424**	Reconstruction of dislocating patella; with patellectomy	Yes	Yes	27350, 27420, 27422, 27424	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27425**	Lateral retinacular release, open	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27427**	Ligamentous reconstruction (augmentation), knee; extra-articular	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27428**	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27429**	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Yes	Yes	27425, 27427, 27428, 27429	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27430**	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	Yes		12/6/2019	12/6/2019	Active	Active
Musculoskeletal	Joint Surgery	**27438**	Arthroplasty, patella; with prosthesis	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27440**	Arthroplasty, knee, tibial plateau;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27441**	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27442**	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27443**	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27446**	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27447**	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Yes	Yes	27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27486**	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	27486, 27487, 27488	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27487**	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Yes	Yes	27486, 27487, 27488	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**27580**	Arthrodesis, knee, any technique	Yes	Yes	27580	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29805**	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29806**	Arthroscopy, shoulder, surgical; capsulorrhaphy	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29807**	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29819**	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29820**	Arthroscopy, shoulder, surgical; synovectomy, partial	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29821**	Arthroscopy, shoulder, surgical; synovectomy, complete	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	**29822**	Arthroscopy, shoulder, surgical; debridement, limited	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29823**	Arthroscopy, shoulder, surgical; debridement, extensive	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29824**	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29825**	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
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	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29827**	Arthroscopy, shoulder, surgical; with rotator cuff repair	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29828**	Arthroscopy, shoulder, surgical; biceps tenodesis	Yes	Yes	29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29860**	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29861**	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29862**	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29863**	Arthroscopy, hip, surgical; with synovectomy	Yes	Yes	29860, 29861, 29862, 29863, 29914, 29915, 29916	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29866**	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29867**	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29868**	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29870**	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29873**	Arthroscopy, knee, surgical; with lateral release	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	**29874**	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29875**	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29876**	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29877**	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29879**	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
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	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
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	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29882**	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29883**	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29884**	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
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	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29886**	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Joint Surgery	**29887**	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29888**	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29889**	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Yes	Yes	29866, 29867, 29868, 29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29914**	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29915**	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**29916**	Arthroscopy, hip, surgical; with labral repair	Yes	Yes	29914, 29915, 29916, 29860, 29861, 29862, 29863	5/7/2015	5/7/2015	Active	Active
Musculoskeletal	Joint Surgery	**S2118**	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	Yes		12/6/2019	12/6/2019	Active	Active

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network health

Network Health Plan WI
Prior Authorization Procedure List: Spine Surgery

**C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY*

****MA requiring Prior Authorization 1/1/2024****

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
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	20930, 20931	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**20931**	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Yes	Yes	20930, 20931	5/7/2015	1/1/2024	Active	Active
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		12/6/2019	1/1/2024	Active	Active
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		12/6/2019	1/1/2024	Active	Active
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		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**20974**	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**20975**	Electrical stimulation to aid bone healing; invasive (operative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**20979**	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Yes	Yes	20974, 20975, 20979	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22100**	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22101**	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22102**	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Yes	Yes	22101, 22102, 22103, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22103**	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22110**	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22112**	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22114**	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Yes	Yes	22101, 22102, 22103, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22116**	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	22100, 22101, 22103, 22110, 22112, 22114, 22116	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22206**	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22207**	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Yes	Yes	22206, 22207, 22208, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
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	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22210**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Yes	Yes	22206, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22212**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22214**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Yes	Yes	22206, 22207, 22208, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22216**	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Yes	Yes	22206, 22207, 22208, 22210, 22212, 22214, 22216	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22220**	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Yes	Yes	22220, 22222, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22222**	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Yes	Yes	22220, 22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22224**	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Yes	Yes	22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
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	22220, 22222, 22224, 22226	5/14/2015	1/1/2024	Active	Active
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	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
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	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
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	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22513**	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
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	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22515**	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Yes	Yes	22510, 22511, 22512, 22513, 22514, 22515	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22532**	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	22532, 22533, 22534	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22533**	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	22532, 22533, 22534	4/22/2014	1/1/2024	Active	Active
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 separately in addition to code for primary procedure)	Yes	Yes	22532, 22533, 22534	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22548**	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
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	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
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	22548, 22551, 22552, 22554, 22556, 22585, 22558	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22554**	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22556**	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Yes	Yes	22548, 22551, 22552, 22554, 22556, 22585, 22558	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22558**	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Yes	Yes	22552, 22556, 22558, 22585	4/22/2014	1/1/2024	Active	Active
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	22548, 22551, 22552, 22554, 22556, 22585, 22558	4/22/2014	1/1/2024	Active	Active
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	22586	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22590**	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22595**	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22600**	Arthrodesis, Posterior Or Posterolateral Technique, Single interspace, Cervical Below C2 Segment	Yes	Yes	22590, 22595, 22600, 22610, 22614, 22632, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22610**	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Yes	Yes	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22612**	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)	Yes	Yes	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
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	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
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	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
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	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
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 And Segment; Lumbar	Yes	Yes	22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
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	22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22800**	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22802**	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22804**	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Yes	Yes	22800, 22802, 22804	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22808**	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22810**	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22812**	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Yes	Yes	22808, 22810, 22812	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22818**	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Yes	Yes	22818, 22819	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22819**	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Yes	Yes	22818, 22819	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22830**	Exploration of spinal fusion	Yes	Yes	22830	5/14/2015	1/1/2024	Active	Active
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	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22841**	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Yes	Yes	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
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	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
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	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
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	22840, 22841, 22842, 22843, 22844	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22845**	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22846**	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22847**	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Yes	Yes	22845, 22846, 22847	5/14/2015	1/1/2024	Active	Active
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	22848	5/7/2015	1/1/2024	Active	Active

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Musculoskeletal	Spine Surgery	**22849**	Reinsertion of spinal fixation device	Yes	Yes	22849	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22850**	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Yes	Yes	22850	5/7/2015	1/1/2024	Active	Active
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	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
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	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
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	22856, 22858 22861	5/14/2015	1/1/2024	Active	Active
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	22857, 22862	4/22/2014	1/1/2024	Active	Active
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	22856, 22858 22861	5/7/2015	1/1/2024	Active	Active
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	22853, 22854, 22859	1/3/2017	1/1/2024	Active	Active
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		12/31/2022	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22861**	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Yes	Yes	22856,22858, 22861	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22862**	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	Yes	22857, 22862	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22865**	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
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	22867, 22868, 22869, 22870	7/26/2017	1/1/2024	Active	Active
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	22867, 22868, 22869, 22870	6/1/2018	1/1/2024	Active	Active
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	22867, 22868, 22869, 22870	5/21/2018	1/1/2024	Active	Active
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	22867, 22868, 22869, 22870	5/21/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**22899**	Unlisted procedure, spine	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**27278**	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of intra-articular structural bone graft, metal and/or synthetic device(s) without cortical piercing, including use of osteopromotive material and/or obtaining bone graft, when performed	Yes	Yes		1/1/2024	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**27279**	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, including imaging guidance, unilateral; placement of transarticular and/or intra-articular device(s) that engage bone with intrinsic fixation (eg, screw[s], flange[s], blade[s]) piercing the lateral cortex of the sacrum and the medial cortex of the ilium (with or without piercing the lateral cortex of the ilium), including use of osteopromotive material and/or obtaining bone graft, when performed	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**27280**	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Yes	Yes	27279, 27280, 27282, 27284, 27286	5/7/2015	1/1/2024	Active	Active
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	62330	1/1/2026	1/1/2026	Active	Active
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	62331	1/1/2026	1/1/2026	Active	Active
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	62380	4/22/2014	1/1/2024	Active	Active
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	63001, 63003, 63015, 63016	5/14/2015	1/1/2024	Active	Active
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	63001, 63003, 63005, 63012, 63015, 63016, 63017	5/14/2015	1/1/2024	Active	Active
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	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63011**	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; sacral	Yes	Yes	63005, 63011, 63012, 63016, 63017	5/14/2015	1/1/2024	Active	Active
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	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
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	63001, 63003, 63015, 63016	5/14/2015	1/1/2024	Active	Active
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	63001, 63003, 63005, 63012, 63015, 63016, 63017	5/14/2015	1/1/2024	Active	Active
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	63003, 63005, 63011, 63012, 63016, 63017	4/22/2014	1/1/2024	Active	Active
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	63020, 63035, 63040, 63043	5/14/2015	1/1/2024	Active	Active
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	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
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	63020, 63030, 63035, 63040, 63042, 63043, 63044	4/22/2014	1/1/2024	Active	Active
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	63020, 63035, 63043	5/14/2015	1/1/2024	Active	Active
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	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63043**	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy 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	63020, 63035, 63040, 63043	5/14/2015	1/1/2024	Active	Active
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	63030, 63035, 63042, 63044	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63045**	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; cervical	Yes	Yes	63045, 63046, 63048	5/14/2015	1/1/2024	Active	Active
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	63045, 63046, 63047, 63048	5/14/2015	1/1/2024	Active	Active
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	63046, 63047, 63048	4/22/2014	1/1/2024	Active	Active
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 segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	Yes	63045, 63046, 63047, 63048	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63050**	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Yes	Yes	63050, 63051	5/14/2015	1/1/2024	Active	Active
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	63050, 63051	5/14/2015	1/1/2024	Active	Active
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		7/28/2022	1/1/2024	Active	Active
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		7/28/2022	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63055**	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Yes	Yes	63055, 63056, 63057	5/14/2015	1/1/2024	Active	Active
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	63055, 63056, 63057	4/22/2014	1/1/2024	Active	Active
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	63055, 63056, 63057	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63064**	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Yes	Yes	63064, 63066	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63066**	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	63064, 63066	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63075**	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
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	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63077**	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Yes	Yes	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
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	63075, 63076, 63077, 63078	5/14/2015	1/1/2024	Active	Active
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	63081, 63082	5/14/2015	1/1/2024	Active	Active
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	63081, 63082	5/14/2015	1/1/2024	Active	Active
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	63085, 63086	5/14/2015	1/1/2024	Active	Active
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	63085, 63086	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63087**	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Yes	Yes	63087, 63088	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63088**	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	63087, 63088	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63090**	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Yes	Yes	63090, 63091	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63091**	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Yes	Yes	63090, 63091	5/14/2015	1/1/2024	Active	Active
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	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
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	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
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	63101, 63102, 63103	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63170**	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	Yes	Yes	63170	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63172**	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63173**	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63185**	Laminectomy with rhizotomy; 1 or 2 segments	Yes	Yes	63185, 63190, 63295	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63190**	Laminectomy with rhizotomy; more than 2 segments	Yes	Yes	63185, 63190, 63295	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63191**	Laminectomy with section of spinal accessory nerve	Yes	Yes	63191	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63200**	Laminectomy, with release of tethered spinal cord, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63250**	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63251**	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63252**	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63265**	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63266**	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural;thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active

Product	Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Musculoskeletal	Spine Surgery	**63267**	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63268**	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63270**	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63271**	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63272**	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63273**	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63275**	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63276**	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63277**	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63278**	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63280**	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Yes	Yes		1/12/2018	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63282**	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63287**	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63290**	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Yes	Yes		4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**63295**	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	Yes	Yes	63172, 63173, 63185, 63190, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295	5/14/2015	1/1/2024	Active	Active
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		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0098T**	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Each Additional Interspace, Cervical (Listseparately In Addition To Code For Primary Procedure)	Yes	Yes		12/6/2019	1/1/2024	Active	Active
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	0164T	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0165T**	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Yes	Yes	0165T	4/22/2014	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0202T**	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Yes	Yes	0202T	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0219T**	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Yes	Yes	0219T, 0220T, 0222T	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0220T**	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Yes	Yes	0219T, 0220T, 0222T	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0221T**	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	Yes	Yes	0221T, 0220T, 0222T	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0222T**	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Yes	Yes	0219T, 0220T, 0221T, 0222T	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**0274T**	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral, cervical or thoracic	Yes	Yes		12/6/2019	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**E0748**	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	Yes	E0748	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**E0749**	Osteogenesis stimulator, electrical, surgically implanted	Yes	Yes	E0749	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**E0760**	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	Yes	E0760	5/7/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**S2348**	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Yes	Yes	S2348	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**S2350**	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace	Yes	Yes	S2350, S2351	5/14/2015	1/1/2024	Active	Active
Musculoskeletal	Spine Surgery	**S2351**	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (List separately in addition to code for primary procedure)	Yes	Yes	S2350, S2351	5/14/2015	1/1/2024	Active	Active

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Prior Authorization Procedure List: Radiation Oncology

C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
		Brachytherapy							
Brachytherapy	**77761**	Intracavitary radiation source application; simple	Yes	Yes	77761	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77762**	Intracavitary radiation source application; intermediate	Yes	Yes	77761, 77762	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77763**	Intracavitary radiation source application; complex	Yes	Yes	77761, 77762, 77763	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77767**	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes	77767	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77768**	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes	77767, 77768	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77770**	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes	77770	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77771**	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes	77770, 77771	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77772**	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes	77770, 77771, 77772	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**77778**	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes	77778	10/18/2018	10/18/2018	Active	Active
Brachytherapy	**0395T**	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes		10/18/2018	10/18/2018	Active	Active
		Cardiac Focal Ablation							
Cardiac Focal Ablation	**0745T**	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Yes	Yes		1/1/2023	1/1/2023	Active	Active
Cardiac Focal Ablation	**0746T**	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Yes	Yes		1/1/2023	1/1/2023	Active	Active
Cardiac Focal Ablation	**0747T**	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Yes	Yes		1/1/2023	1/1/2023	Active	Active

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02-Stereo		**Stereotactic 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	77371	10/18/2018	10/18/2018	Active	Active
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	77372, G0339	10/18/2018	10/18/2018	Active	Active
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	77373, G0339, G0340	10/18/2018	10/18/2018	Active	Active
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	G0339	10/18/2018	10/18/2018	Active	Active
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	G0340	10/18/2018	10/18/2018	Active	Active
04-IMRT		**Intensity Modulated Radiation Therapy (IMRT)**							
06-Neutron		**Neutron Beam 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	77423	10/18/2018	10/18/2018	Active	Active
08-IORT		**Intraoperative Radiation Therapy (IORT)**							
Intraoperative Radiation Therapy (IORT)	**77424**	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes	77424	10/18/2018	10/18/2018	Active	Active
Intraoperative Radiation Therapy (IORT)	**77425**	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes	77425	10/18/2018	10/18/2018	Active	Active
10-Proton		**Proton Beam Radiation Therapy**							
Proton Beam Radiation Therapy	**77520**	Proton treatment delivery; simple, without compensation	Yes	Yes	77520	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	**77522**	Proton treatment delivery; simple, with compensation	Yes	Yes	77520, 77522	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	**77523**	Proton treatment delivery; intermediate	Yes	Yes	77520, 77522, 77523	10/18/2018	10/18/2018	Active	Active
Proton Beam Radiation Therapy	**77525**	Proton treatment delivery; complex	Yes	Yes	77520, 77522, 77523, 77525	10/18/2018	10/18/2018	Active	Active

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12-Hyperthermia		**Hyperthermia Treatment**							
Hyperthermia Treatment	**77600**	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)	Yes	Yes	77600	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	**77605**	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)	Yes	Yes	77600, 77605	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	**77610**	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes	77600, 77605, 77610	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	**77615**	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes	77600, 77605, 77610, 77615	10/18/2018	10/18/2018	Active	Active
Hyperthermia Treatment	**77620**	Hyperthermia generated by intracavitary probe(s)	Yes	Yes	77600, 77605, 77610, 77615, 77620	10/18/2018	10/18/2018	Active	Active
18-Delivery		**Radiation Treatment Delivery**							
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	77402	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	**77407**	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	Yes	Yes	77402, 77407	10/18/2018	10/18/2018	Active	Active
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	77402, 77407, 77412	10/18/2018	10/18/2018	Active	Active
Radiation Treatment Delivery	**77437**	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)	Yes	Yes	77437	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	**77438**	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Yes	Yes	77438	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	**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	77439	1/1/2026	1/1/2026	Active	Active
Radiation Treatment Delivery	**A9609**	Injection, of fluorodeoxyglucose F18 FDG therapeutic, up to 15 millicuries	Yes	Yes		10/1/2024	10/1/2024	Active	Active
Radiation Treatment Delivery	**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		1/1/2025	1/1/2025	Active	Active

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20-Guidance		**Image-Guided Radiation (IGRT)**							
Image-Guided Radiation (IGRT)	**77387**	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Yes	Yes	77387	10/18/2018	10/18/2018	Active	Active
24-RadioPharm		**Therapeutic Radiopharmaceuticals**							
Therapeutic Radiopharmaceuticals	**79101**	Radiopharmaceutical, therapy, by intravenous administration	Yes	Yes	79101	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	**79005**	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment	Yes	Yes	79005	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	**A9513**	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Yes	Yes	A9513	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	**A9606**	Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo)	Yes	Yes	A9606	10/18/2018	10/18/2018	Active	Active
Therapeutic Radiopharmaceuticals	**A9607**	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	Yes		10/1/2022	10/1/2022	Active	Active
Therapeutic Radiopharmaceuticals	**A9699**	Radiopharmaceutical, therapeutic, not otherwise classified	Yes	Yes	A9699	8/1/2022	8/1/2022	Active	Active
Associated Services with Radiation Therapy	**77436**	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	Yes	Yes	77436	1/1/2026	1/1/2026	Active	Active

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Prior Authorization Procedure List: Physical Therapy & Occupational Therapy

The following codes can be submitted under the approved PT/OT treatment.

****C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY***

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
PT/OT	**90901**	Biofeedback training by any modality, including EMG, EEG, ECG, or other physiologic monitoring, when performed; initial 15 minutes of direct patient contact by physician or other qualified health care professional	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**90912**	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**90913**	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**95851**	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**95852**	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**95992**	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97010**	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97012**	Application Of A Modality To 1 Or More Areas; Traction, Mechanical	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97014**	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97016**	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97018**	Application Of A Modality To 1 Or More Areas; Paraffin Bath	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97022**	Application Of A Modality To 1 Or More Areas; Whirlpool	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97024**	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97026**	Application Of A Modality To 1 Or More Areas; Infrared	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97028**	Application Of A Modality To 1 Or More Areas; Ultraviolet	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97032**	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97033**	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97034**	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97035**	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97036**	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97039**	Unlisted Modality (Specify Type And Time If Constant Attendance)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97110**	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97112**	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97113**	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97116**	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97129**	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97130**	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97139**	Unlisted Therapeutic Procedure (Specify)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97140**	Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97150**	Therapeutic Procedure(S), Group (2 Or More Individuals)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97530**	Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97533**	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active

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PT/OT	**97535**	Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97537**	Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Contact, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97542**	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97597**	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97598**	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97602**	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97605**	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97606**	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97750**	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97755**	Assistive Technology Assessment (Eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97760**	Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(Ies), Lower Extremity(Ies) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97761**	Prosthetic(S) Training, Upper And/Or Lower Extremity(Ies), Initial Prosthetic(S) Encounter, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97763**	Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(Ies), Lower Extremity(Ies), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**97799**	Unlisted Physical Medicine/Rehabilitation Service Or Procedure	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0151**	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0152**	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0157**	Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0158**	Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0159**	Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0160**	Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0281**	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0282**	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0283**	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care	Yes	Yes		5/24/2021	5/24/2021	Active	Active
PT/OT	**G0329**	Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care	Yes	Yes		5/24/2021	5/24/2021	Active	Active

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Prior Authorization Procedure List: Gastroenterology Upper and Lower GI

C-CODES APPLY TO MEDICARE MEMBERSHIP ONLY

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
EGD	**43200**	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	**91113**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Yes	Yes		1/1/2022	1/1/2022	Active	Active
EGD	**43201**	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43202**	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43204**	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43205**	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43211**	Esophagoscopy flexible transoral mucosal resection	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43212**	Esophagoscopy transoral stent placement	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43213**	Esophagoscopy retrograde dilate balloon/other	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43214**	Esophagoscopy dilate esophagus balloon 30 mm	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43215**	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43216**	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43217**	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43220**	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43226**	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43227**	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43229**	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43233**	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43235**	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes		6/29/2021	6/29/2021	Active	Active
EGD	**43236**	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43239**	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43241**	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43243**	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43244**	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43245**	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43246**	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43247**	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43248**	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43249**	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43250**	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43251**	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43254**	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43255**	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
EGD	**43266**	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active

Category	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
EGD	**43270**	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	43235	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44388**	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44389**	Colonoscopy through stoma; with biopsy, single or multiple	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44390**	Colonoscopy through stoma; with removal of foreign body(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44391**	Colonoscopy through stoma; with control of bleeding, any method	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44392**	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44394**	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44401**	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44402**	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44403**	Colonoscopy through stoma; with endoscopic mucosal resection	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44404**	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**44405**	Colonoscopy through stoma; with transendoscopic balloon dilation	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45378**	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45379**	Colonoscopy flexible with removal of foreign body(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45380**	Colonoscopy flexible with biopsy single/multiple	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45381**	Colonoscopy flexible with directed submucosal injection any substance	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45382**	Colonoscopy flexible with control bleeding any method	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45384**	Colonoscopy flexible with removal lesion by hot biopsy forceps	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45385**	Colonoscopy flexible with removal of tumor polyp lesion by snare	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45386**	Colonoscopy flexible with transendoscopic balloon dilatation	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45388**	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45389**	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45390**	Colonoscopy flexible with endoscopic mucosal resection	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45393**	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Colonoscopy	**45398**	Colonoscopy flexible with band ligation(s)	Yes	Yes	45378	6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	**91110**	Gastrointestinal tract imaging, intraluminal (eg. capsule endoscopy), esophagus through ileum, with physician interpretation and report.	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	**91111**	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Yes	Yes		6/29/2021	6/29/2021	Active	Active
Capsule Endoscopy	**91112**	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Yes	Yes		5/15/2023	5/15/2023	Active	Active

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EviCore
By EVERNORTH

network health

Network Health Plan WI
Prior Authorization Procedure List: Vascular Intervention Codes

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
	Intracranial interventions										
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial interventions	61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)	Yes	Yes	61635	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial interventions	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Yes	Yes	61630	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Intracranial interventions	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Yes	Yes	61624	6/1/2024	6/1/2024	Active	Active
	Open Thoracic Aortic Surgery										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Open Thoracic Aortic Surgery	33875	Descending thoracic aorta graft, with or without bypass	Yes	Yes	33875	1/1/2024	1/1/2024	Active	Active
	Open Thoracoabdominal aneurysm repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Open Thoracoabdominal aneurysm repair	33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	Yes	Yes	33877	1/1/2024	1/1/2024	Active	Active
	Thoracic Endovascular Aneurysm Repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed	Yes	Yes	33880, 33881, 33882	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	Yes	Yes	33880, 33881, 33882	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33882	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	Yes	Yes	33880, 33881, 33882	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed	Yes	Yes	33880, 33881	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Thoracic Endovascular Aneurysm Repair	33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	Yes	Yes	33880, 33881, 33883	1/1/2024	1/1/2024	Active	Active
	Endovascular Aorto Iliac Aneurysm repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre‑procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Endovascular Aorto Iliac Aneurysm repair	34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre‑procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Yes	Yes	34701 OR 34702 OR 34703 OR 34704 OR 34705 OR 34706	1/1/2024	1/1/2024	Active	Active
	Iliac aneurysm repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Iliac aneurysm repair	34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	Yes	Yes	34708, 34717	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Iliac aneurysm repair	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	Yes	Yes	34707, 34717	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Iliac aneurysm repair	34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	Yes	Yes	34707, 34708	1/1/2024	1/1/2024	Active	Active
	Endoleak - Initial Stent										
Vascular Arterial Intervention	Aortic Dissection/Aneurysm Repair	Endoleak - Initial Stent	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	Yes	Yes	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34845, 34846, 34847, 34848	8/1/2025	8/1/2025	Active	Active
	Endoleak - Delayed Stent										
Vascular Arterial Intervention	Aortic Dissection/Aneurysm Repair	Endoleak - Delayed Stent	34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	Yes	Yes	34711	8/1/2025	8/1/2025	Active	Active
Vascular Arterial Intervention	Aortic Dissection/Aneurysm Repair	Endoleak - Delayed Stent	34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Yes	Yes	34710	8/1/2025	8/1/2025	Active	Active
	Endoleak - Other Devices										
Vascular Arterial Intervention	Aortic Dissection/Aneurysm Repair	Endoleak - Other Devices	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation **(Add On Code)**	Yes	Yes	34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34845, 34846, 34847, 34848	8/1/2025	8/1/2025	Active	Active

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
	Fenestrated Endovascular Aortic Aneurysm Repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Yes	Yes	34842, 34843, 34844, 34845, 34846, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34843, 34844, 34845, 34846, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34842, 34844, 34845, 34846, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34842, 34843, 34845, 34846, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Yes	Yes	34841, 34842, 34843, 34844, 34846, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34842, 34843, 34844, 34845, 34847, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34842, 34843, 34844, 34845, 34846, 34848	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Fenestrated Endovascular Aortic Aneurysm Repair	34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Yes	Yes	34841, 34842, 34843, 34844, 34845, 34846, 34847	1/1/2024	1/1/2024	Active	Active
	Open Carotid Surgery										
Vascular Arterial Interventions	Cerebrovascular Interventions	Open Carotid Surgery	35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Yes	Yes	35390	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Open Carotid Surgery	35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately to code for primary procedure)	Yes	Yes	35301	1/1/2024	1/1/2024	Active	Active
	Carotid Stent										
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Carotid Stent	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Yes	Yes	37215 OR 37216 in addition to 37217 and 37218	1/1/2024	1/1/2024	Active	Active
	Vertebral Stent										
Vascular Arterial Interventions	Cerebrovascular Interventions	Vertebral Stent	0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Yes	Yes	0075T +/- 0076T	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Cerebrovascular Interventions	Vertebral Stent	0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	0075T +/- 0076T	1/1/2024	1/1/2024	Active	Active
	Sclerotherapy of Truncal Veins										
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Truncal Veins	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	Yes	36465 OR 36466	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Truncal Veins	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	Yes	36465 OR 36466	1/1/2024	1/1/2024	Active	Active
	Sclerotherapy of Veins										
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36470	Injection(s) of sclerosant; single incompetent vein (other than telangiectasia)	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Sclerotherapy of Veins	36471	Injection(s) of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Yes	Yes	36468 OR 36470 OR 36471	1/1/2024	1/1/2024	Active	Active
	Endovenous Ablation										
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Endovenous Ablation	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	36473 OR 36475 OR 36478 OR 36482 in addition to 36474, 36476, 36479, OR 36483 respectively- Max of 1 primary code and one add one	1/1/2024	1/1/2024	Active	Active
	Venous stenting										
Vascular Arterial Interventions	Venous Interventions	Venous stenting	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Yes	Yes	37236 OR 37246. 37239 and 37249 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Venous Interventions	Venous stenting	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Yes	Yes	37238 OR 37248. 37239 and 37249 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Venous stenting	37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein, initial vein	Yes	Yes	37238 OR 37248. 37239 and 37249 are add-on codes which must be billed with a primary code.	6/1/2024	6/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Venous stenting	37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	Yes	Yes	37238 OR 37248. 37239 and 37249 are add-on codes which must be billed with a primary code.	6/1/2024	6/1/2024	Active	Active
	Iliac artery angioplasty/stent										
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37255, 37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37259, 37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37257, 37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Iliac artery angioplasty/stent	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37261, 37254, 37256, 37258, 37260	1/1/2026	1/1/2026	Active	Active
	Femoral-popliteal artery angioplasty/stent										
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Femoral-popliteal artery angioplasty/stent	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37263, 37265, 37267, 37269	1/1/2026	1/1/2026	Active	Active

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
	Atherectomy										
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Atherectomy	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37271, 37273, 37275, 37277	1/1/2026	1/1/2026	Active	Active
	Tibial Arterial Interventions (LE)										
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294	1/1/2026	1/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity	Tibial Arterial Interventions (LE)	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37280, 37282, 37284, 37286, 37290, 37294	1/1/2026	1/1/2026	Active	Active
	Inframalleolar Vessels										
Vascular Arterial Interventions	Lower Extremity Interventions	Inframalleolar vessels	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Yes	Yes	37296 OR 37298	4/1/2026	4/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Inframalleolar vessels	37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37297 OR 37299	4/1/2026	4/1/2026	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Inframalleolar vessels	37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Yes	Yes	37296 OR 37298	4/1/2026	4/1/2026	Active	Active

Product	Category	Grouping	CPT® Code	CPT® Code Description	Commercial Requires Prior Authorization	Medicare Requires Prior Authorization	Allowed Billing Groupings	Commercial Effective Date	Medicare Effective Date	Commercial Termed Date	Medicare Termed Date
Vascular Arterial Interventions	Lower Extremity Interventions	Inframalleolar vessels	37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Yes	Yes	37297 OR 37299	4/1/2026	4/1/2026	Active	Active
	Intravascular Lithotripsy - Iliac										
Vascular Arterial Interventions	Lower Extremity	Intravascular Lithotripsy	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Yes	Yes	37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261	1/1/2026	1/1/2026	Active	Active
	Intravascular Lithotripsy - Femoral and Popliteal										
Vascular Arterial Interventions	Lower Extremity	Intravascular Lithotripsy	37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Yes	Yes	37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278	1/1/2026	1/1/2026	Active	Active
	Visceral Artery Interventions										
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Yes	Yes	37236 OR 37246. 37237 and 37247 are add-on codes which must be billed with a primary code.	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	37236, 37246, 37247	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Yes	Yes	37236, 37237, 37247	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Non-Lower Extremity	Visceral Artery Interventions	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Yes	Yes	37236, 37237, 37246	1/1/2024	1/1/2024	Active	Active
	Open Treatment of Perforator Veins										
Vascular Venous Interventions	Venous Interventions	Open Treatment of Perforator Veins	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Yes	Yes	37700 OR 37760 OR 37761	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Open Treatment of Perforator Veins	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Yes	Yes	37700 OR 37760 OR 37761	1/1/2024	1/1/2024	Active	Active
	High Ligation and Stripping of Saphenous veins										
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37718	Ligation, division, and stripping, short saphenous vein	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	High Ligation and Stripping of Saphenous veins	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Yes	Yes	37700 OR 37718 OR 37722 OR 37735 OR 37780	1/1/2024	1/1/2024	Active	Active
	Phlebectomy										
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37799	Unlisted procedure, vascular surgery	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
Vascular Venous Interventions	Venous Interventions	Phlebectomy	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Yes	Yes	37765 OR 37766 OR 37799 OR 33785	1/1/2024	1/1/2024	Active	Active
	Intravascular Ultrasound										
Vascular Arterial Interventions	Intravascular Ultrasound (IVUS)	Intravascular Ultrasound	37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Yes	Yes	37252 +/- 37253	1/1/2024	1/1/2024	Active	Active
Vascular Arterial Interventions	Intravascular Ultrasound (IVUS)	Intravascular Ultrasound	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Yes	Yes	37252 +/- 37253	1/1/2024	1/1/2024	Active	Active
	Embolization										
Vascular Venous Interventions	Vascular Embolization	Embolization	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Yes	Yes	37241, 37242, 37243, 37244	8/1/2024	8/1/2024	Active	Active
Vascular Venous Interventions	Vascular Embolization	Embolization	37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Yes	Yes	37241, 37242, 37243, 37244	8/1/2024	8/1/2024	Active	Active
Vascular Venous Interventions	Vascular Embolization	Embolization	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction.	Yes	Yes	37241, 37242, 37243, 37244	8/1/2024	8/1/2024	Active	Active
Vascular Venous Interventions	Vascular Embolization	Embolization	37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Yes	Yes	37241, 37242, 37243, 37244	8/1/2024	8/1/2024	Active	Active
	Investigational/Experimental										
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9765, C9766, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9766, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9765, C9767	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9764, C9765, C9766	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9773, C9774	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9772, C9774	6/1/2024	6/1/2024	Active	Active
Vascular Arterial Interventions	Lower Extremity Interventions	Investigational / Experimental	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	Yes	Yes	C9772, C9773	6/1/2024	6/1/2024	Active	Active
	Iliac aneurysm repair										
Vascular Arterial Interventions	Aortic Dissection/Aneurysm Repair	Iliac aneurysm repair	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	Yes	Yes	34718	1/1/2024	1/1/2024	Active	Active

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