EviCore
By EVERNORTH

Priority Health
Radiology Code List

PriorityHealth

Category	CPT® Code	CPT® Code Description	Code Management
MRI	**70336**	MRI TMJ	Medical Review Required
CT	**70450**	CT of the head/brain without contrast	Medical Review Required
CT	**70460**	CT head/brain with contrast	Medical Review Required
CT	**70470**	CT head/brain w/o contrast then with	Medical Review Required
CT	**70471**	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Medical Review Required
CT	**70472**	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Medical Review Required
CT	**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	Medical Review Required
CT	**70480**	CT orbit/sella/outer-mid-inner ear	Prior Notification Only
CT	**70481**	CT orbit/sella/outer-mid-inner ear	Prior Notification Only
CT	**70482**	CT orbit/sella/ear w/o contrast then with	Prior Notification Only
CT	**70486**	CT of the maxillofacial area	Prior Notification Only
CT	**70487**	CT maxillofacial area with contrast	Prior Notification Only
CT	**70488**	CT maxillofacial w/o contrast then with	Prior Notification Only
CT	**70490**	CT soft tiss neck w/o contrast	Medical Review Required
CT	**70491**	CT of the neck and soft tissues	Medical Review Required
CT	**70492**	CT soft tiss neck with & w/o contrast	Medical Review Required
CT	**70496**	CT angiography head	Medical Review Required
CT	**70498**	CT ANGIOGRAPHY NECK	Medical Review Required
MRI	**70540**	MRI ORBIT FACE AND NECK	Medical Review Required
MRI	**70542**	MRI ORBIT/FACE/NECK WITH CONTRAST	Medical Review Required
MRI	**70543**	MRI ORBT FACE/NCK WITH & W/O CONTRAST	Medical Review Required
MRA	**70544**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s)	Medical Review Required
MRA	**70545**	Magnetic resonance angiography, head, including image postprocessing; with contrast material(s)	Medical Review Required
MRA	**70546**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
MRA	**70547**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s)	Medical Review Required
MRA	**70548**	Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s)	Medical Review Required
MRA	**70549**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences	Medical Review Required
MRI	**70551**	MRI OF THE BRAIN WITHOUT CONTRAST	Medical Review Required
MRI	**70552**	MRI BRAIN WITH CONTRAST	Medical Review Required
MRI	**70553**	MRI BRAIN WITH & W/O CONTRAST	Medical Review Required
MRI	**70554**	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI INCLUDING TEST SELECTION AND ADMINISTRATION OF RE	Medical Review Required
MRI	**70555**	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATIO	Medical Review Required
CT	**71250**	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	Medical Review Required
CT	**71260**	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	Medical Review Required
CT	**71270**	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Medical Review Required
CT	**71271**	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	Medical Review Required
CT	**71275**	CT ANGIOGRAPHY OF THE CHEST	Prior Notification Only
MRI	**71550**	MRI CHEST	Medical Review Required
MRI	**71551**	MRI CHEST WITH CONTRAST	Medical Review Required
MRI	**71552**	MRI CHEST WITH & W/O CONTRAST	Medical Review Required
MRA	**71555**	MRA CHEST WITH & W/O CONTRAST	Medical Review Required
CT	**72125**	CT CERVICAL SPINE W/O CONTRAST	Medical Review Required
CT	**72126**	CT CERVICAL SPINE WITH CONTRAST	Medical Review Required
CT	**72127**	CT CERV SPINE W/O CONTRAST THEN WITH	Medical Review Required
CT	**72128**	CT THORACIC SPINE W/O CONTRAST	Medical Review Required
CT	**72129**	CT THORACIC SPINE WITH CONTRAST	Medical Review Required
CT	**72130**	CT THORACIC SPINE W/O CONTRAST THE	Medical Review Required
CT	**72131**	CT LUMBAR SPINE W/O CONTRAST	Medical Review Required
CT	**72132**	CT LUMBAR SPINE WITH CONTRAST	Medical Review Required
CT	**72133**	CT LUMBAR SPINE W/O CONTRAST THEN	Medical Review Required
MRI	**72141**	MRI OF THE SPINE WITHOUT CONTRAST	Medical Review Required
MRI	**72142**	MRI SPINAL CANAL & CONTENTS CERV WITH CONTRAST	Medical Review Required
MRI	**72146**	MRI SPINAL CANAL & CONTENTS THORACIC	Medical Review Required
MRI	**72147**	MRI SPINAL CANAL & CONTENTS THORACIC	Medical Review Required
MRI	**72148**	MAGNETIC RESONANCE (e.g., PROTON) IMAGING SPINAL CANAL AND CONTENTS LUMBAR WITHOUT CONTRAST MATERIAL	Medical Review Required
MRI	**72149**	MRI SPINAL CANAL & CONTENTS LUMBAR	Medical Review Required
MRI	**72156**	MRI SPINAL CANAL W/O THEN WITH CONTRAST CERV	Medical Review Required
MRI	**72157**	MRI SPINAL CANAL W/O THEN WITH CONTRAST THORACIC	Medical Review Required
MRI	**72158**	MRI of the spine with and without contast	Medical Review Required
MRA	**72159**	MRA SPINAL CANAL & CONTENTS WITH CONTRAST	Prior Notification Only
CT	**72191**	CT ANGIOGRAPH PELVIS WITH & W/O CONTRAST	Medical Review Required
CT	**72192**	CT PELVIS W/O CONTRAST	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
CT	**72193**	CT PELVIS WITH CONTRAST	Medical Review Required
CT	**72194**	CT PELVIS W/O CONTRAST THEN WITH CONTRAST	Medical Review Required
MRI	**72195**	MRI PELVIS W/O CONTRAST	Medical Review Required
MRI	**72196**	MRI PELVIS	Medical Review Required
MRI	**72197**	MRI PELVIS WITH & W/O CONTRAST	Medical Review Required
MRA	**72198**	MRA PELVIS WITH & W/O CONTRAST	Medical Review Required
CT	**73200**	CT UPPER EXTREM W/O CONTRAST	Medical Review Required
CT	**73201**	CT UPPER EXTREM WITH CONTRAST	Medical Review Required
CT	**73202**	CT UPPER EXTREM W/O CONTRAST THEN WITH	Medical Review Required
CT	**73206**	CT ANGIO UPR EXTRM WITH & W/O CONTRAST	Prior Notification Only
MRI	**73218**	MRI UPPER EXTREMITY W/O CONTRAST	Medical Review Required
MRI	**73219**	MRI UPPER EXTREMITY WITH CONTRAST	Prior Notification Only
MRI	**73220**	MRI UPPER EXTREM OTHER THAN JT	Medical Review Required
MRI	**73221**	MRI OF THE UPPER EXTREMITY	Medical Review Required
MRI	**73222**	MRI JOINT UPR EXT WITH CONTRAST	Medical Review Required
MRI	**73223**	MRI JOINT UPR EXTR WITH & W/O CONTRAST	Medical Review Required
MRA	**73225**	MRA UPPER EXTREM WITH & W/O CONTRAS	Prior Notification Only
CT	**73700**	CT LOWER EXTREM W/O CONTRAST	Medical Review Required
CT	**73701**	CT LOWER EXTREM WITH CONTRAST	Medical Review Required
CT	**73702**	CT LOWER EXTREM W/O CONTRAST THEN WITH	Medical Review Required
CT	**73706**	CT ANGIO LWR EXTR WITH & W/O CONTRAST	Medical Review Required
MRI	**73718**	MRI LOWER EXTREMITY W/O CONTRAST	Medical Review Required
MRI	**73719**	MRI LOWER EXT WITH CONTRAST	Medical Review Required
MRI	**73720**	MRI LOWER EXTREM OTHER THAN JOINT	Medical Review Required
MRI	**73721**	MRI OF THE LOWER EXTREMITY	Medical Review Required
MRI	**73722**	MRI JOINT OF LWR EXTR WITH CONTRAST	Medical Review Required
MRI	**73723**	MRI JOINT LWR EXTR WITH & W/O CONTRAST	Medical Review Required
MRA	**73725**	MRA LOWER EXTREM WITH & W/O CONTRAST	Medical Review Required
CT	**74150**	CT CTABD W/O CONTRAST	Medical Review Required
CT	**74160**	CT CTABD WITH CONTRAST	Medical Review Required
CT	**74170**	CT CTABD W/O CONTRAST THEN WITH CONTRAST	Medical Review Required
CT	**74174**	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST	Medical Review Required
CT	**74175**	CT ANGIO ABDOMEN WITH & W/O CONTRAST	Medical Review Required
CT	**74176**	CT OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST	Prior Notification Only
CT	**74177**	CT OF THE ABDOMEN WITH CONTRAST	Prior Notification Only
CT	**74178**	CT OF THE ABDOMEN AND PELVIS	Prior Notification Only
MRI	**74181**	MRI ABDOMEN	Medical Review Required
MRI	**74182**	MRI ABDOMEN WITH CONTRAST	Medical Review Required
MRI	**74183**	MRI OF THE ABDOMEN WITH AND WITHOUT CONTRAST	Medical Review Required
MRA	**74185**	MRA ABD WITH & W/O CONTRAST	Medical Review Required
CT	**74261**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITHOUT CONTRAST	Prior Notification Only
CT	**74262**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITH CONTRAST MA	Prior Notification Only
CT	**74263**	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY SCREENING INCLUDING IMAGE POSTPROCESSING	Prior Notification Only

Category	CPT® Code	CPT® Code Description	Code Management
MRI	**74712**	MRI FETAL SNGL/1ST GESTATION	Prior Notification Only
MRI	**74713**	MAGNETIC RESONANCE (e.g., PROTON) IMAGING FETAL INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) - NO PA RULE	Prior Notification Only
CMRI	**75557**	Cardiac mri for morph	Medical Review Required
CMRI	**75559**	Cardiac mri with stress img	Medical Review Required
CMRI	**75561**	Cardiac mri for morph with dye	Prior Notification Only
CMRI	**75563**	Cardiac mri with stress image & dye	Prior Notification Only
CCTA	**75571**	Computed tomography heart without contrast material with quantitative evaluation of coronary calcium	Medical Review Required
CCTA	**75572**	Computed tomography heart with contrast material for evaluation of cardiac structure and morphology	Prior Notification Only
CCTA	**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)	Prior Notification Only
CCTA	**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)	Medical Review Required
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	Medical Review Required
CT	**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	Medical Review Required
CT	**75635**	CT ANGIO ABDOMINAL ARTERIES	Prior Notification Only
MRI	**76390**	MR SPECTROSCOPY	Medical Review Required
MRI	**76391**	Magnetic resonance (eg, vibration) elastography	Medical Review Required
BMRI	**77046**	Magnetic resonance imaging, breast, without contrast material; unilateral	Medical Review Required
BMRI	**77047**	Magnetic resonance imaging, breast, without contrast material; bilateral	Medical Review Required
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	Medical Review Required
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	Medical Review Required
CT	**77078**	CT BONE DENSITY STUDY	Medical Review Required
MRI	**77084**	MAGNETIC RESONANCE (e.g., PROTON) IMAGING BONE MARROW BLOOD SUPPLY	Prior Notification Only
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	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
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	Medical Review Required
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	Medical Review Required
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);	Medical Review Required
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	Medical Review Required
NUC CARD	**78451**	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION QUALITATIVE OR QUANTITATIVE WALL MOTION	Prior Notification Only
NUC CARD	**78452**	MYOCARDIAL PERFUSION IMAGING	Prior Notification Only
NUC CARD	**78453**	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FR	Prior Notification Only
NUC CARD	**78454**	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FR	Prior Notification Only
CPET	**78459**	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Medical Review Required
NUC MED	**78472**	CARDIAC BLD POOL IMAG GATED SNGL EQUILIB	Medical Review Required
NUC MED	**78473**	CARDIAC BLD POOL IMAG GATED MX EQUILIB	Prior Notification Only
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 quantifiction	Prior Notification Only
NUC MED	**78483**	CARDIAC BLOOD POOL IMAGING (PLANAR) FIRST PASS TECHNIQUE MULTIPLE STUDIES AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION WITH OR WITHOUT QUANTIFICATION	Prior Notification Only
CPET	**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)	Medical Review Required
CPET	**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)	Medical Review Required
NUC MED	**78494**	CARDI BLOOD POOL IMAG REST WITH & W/O QUANTIFICATION	Prior Notification Only
PET	**78608**	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET)	Medical Review Required
PET	**78609**	BRAIN IMAG POSITRON EMISSION TOMOGR	Medical Review Required
PET	**78811**	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) LIMITED AREA	Medical Review Required
PET	**78812**	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) SKULL BASE TO MID-THIGH	Medical Review Required
PET	**78813**	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WHOLE BODY	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
PETCT	**78814**	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Medical Review Required
PETCT	**78815**	PET CT FOR TUMOR IMAGING	Medical Review Required
PETCT	**78816**	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Medical Review Required
NUC CARD	**0331T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Investigational
NUC CARD	**0332T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Investigational
MR	**0609T**	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	Medical Review Required - Investigational
MR	**0610T**	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	Medical Review Required - Investigational
MR	**0611T**	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	Medical Review Required - Investigational
MR	**0612T**	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	Medical Review Required - Investigational
CT	**0633T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Medical Review Required - Investigational
CT	**0634T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	**0635T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	**0636T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	**0637T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	**0638T**	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Medical Review Required - Investigational
MRI	**0648T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. Effective 7/1/2021 AMA Additions	Investigational

Category	CPT® Code	CPT® Code Description	Code Management
MRI	**0649T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure). Effective 7/1/2021 AMA Additions	Investigational
MRI	**0697T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Investigational
MRI	**0698T**	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Investigational
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
CT (CTA)	**0711T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Investigational
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
CT (CTA)	**0713T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Investigational
NUC CARD	**0742T**	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Investigational
MRI	**0865T**	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Medical Review Required
MRI	**0866T**	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	Medical Review Required
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 QUANTIFICTION	Prior Notification Only
MRA	**C8900**	MRA ABDOMEN WITH CONTRAST	Medical Review Required
MRA	**C8901**	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
MRA	**C8902**	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST ABDOMEN	Medical Review Required
MRI	**C8903**	MAGNETIC RESONANCE IMAGING WITH CONTRAST BREAST UNILATERAL	Medical Review Required
MRI	**C8905**	MRI BREAST WITH & W/O CONTRAST	Medical Review Required
MRI	**C8906**	MRI WITH CONTRAST BREAST BILATERAL	Medical Review Required
MRI	**C8908**	MRI WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST BREAST BILATERAL	Medical Review Required
MRI	**C8909**	MRA WITH CONTRAST CHEST (EXCLUDING MYOCARDIUM)	Medical Review Required
MRA	**C8910**	MRA WITHOUT CONTRAST CHEST (EXCLUDING MYOCARDIUM)	Medical Review Required
MRA	**C8911**	MRA CHEST	Medical Review Required
MRA	**C8912**	MRA WITH CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	**C8913**	MRA WITHOUT CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	**C8914**	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	**C8918**	MRA WITH CONTRAST PELVIS	Medical Review Required
MRA	**C8919**	MRA WITHOUT CONTRAST PELVIS	Medical Review Required
MRA	**C8920**	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST PELVIS	Medical Review Required
MRA	**C8931**	MRA WITH CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	**C8932**	MRA WITHOUT CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	**C8933**	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	**C8934**	MRA WITH CONTRAST UPPER EXTREMITY	Prior Notification Only
MRA	**C8935**	MRA WITHOUT CONTRAST UPPER EXTREMITY	Prior Notification Only
MRA	**C8936**	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST UPPER EXTREMITY	Prior Notification Only
MRI	**C9762**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Medical Review Required - Investigational
MRI	**C9763**	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Medical Review Required - Investigational
MRI	**C9791**	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Medical Review Required

CPT copyright 2027 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.