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Security Health Plan
Cardiology Code List

Category	CPT® Code	CPT® Code Description	Notations
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	
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	
Nuclear Cardiac Imaging	**78414**	Non-Imaging Heart Function	
Nuclear Cardiac Imaging	**78428**	Cardiac Shunt Imaging	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**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)	
Nuclear Cardiac Imaging	**78454**	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an	
Nuclear Cardiac Imaging	**78466**	Myocardial imaging, infarct avid, planar; qualitative or quantitative	
Nuclear Cardiac Imaging	**78468**	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	
Nuclear Cardiac Imaging	**78469**	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**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	
Nuclear Cardiac Imaging	**78494**	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	
Nuclear Cardiac Imaging	**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)	Add-On
NUC MED	**78830**	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	
XSE	**93350**	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report	
XSE	**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	

Category	CPT® Code	CPT® Code Description	Notations
DHC	**93451**	Right Heart Catheterization Including Measurement(S) Of Oxygen Saturation And Cardiac Output, When Performed	
DHC	**93452**	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
DHC	**93453**	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
DHC	**93454**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	
DHC	**93455**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	
DHC	**93456**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	
DHC	**93457**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
DHC	**93458**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
DHC	**93459**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
DHC	**93460**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
DHC	**93461**	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
DHC	**93593**	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	
DHC	**93594**	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	
DHC	**93595**	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	
DHC	**93596**	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	
DHC	**93597**	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections	
Nuclear Cardiac Imaging	**0331T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	
Nuclear Cardiac Imaging	**0332T**	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	
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/Experimental

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Security Health Plan
Radiology Code List

Category	CPT® Code	CPT® Code Description
MR	**70336**	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
CT	**70450**	Computed tomography, head or brain; without contrast material
CT	**70460**	Computed tomography, head or brain; with contrast material(s)
CT	**70470**	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
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)
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
CT	**70480**	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
CT	**70481**	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
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
CT	**70486**	Computed tomography, maxillofacial area; without contrast material
CT	**70487**	Computed tomography, maxillofacial area; with contrast material(s)
CT	**70488**	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
CT	**70490**	Computed tomography, soft tissue neck; without contrast material
CT	**70491**	Computed tomography, soft tissue neck; with contrast material(s)
CT	**70492**	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
CT	**70496**	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	**70498**	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
MR	**70540**	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
MR	**70542**	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
MR	**70543**	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
MR	**70544**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s)
MR	**70545**	Magnetic resonance angiography, head, including image postprocessing; with contrast material(s)

Category	CPT® Code	CPT® Code Description
MR	**70546**	Magnetic resonance angiography, head, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences
MR	**70547**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s)
MR	**70548**	Magnetic resonance angiography, neck, including image postprocessing; with contrast material(s)
MR	**70549**	Magnetic resonance angiography, neck, including image postprocessing; without contrast material(s), followed by contrast material(s) and further sequences
MR	**70551**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
MR	**70552**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
MR	**70553**	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
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
MR	**70555**	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
CT	**71250**	Computed tomography, thorax, diagnostic; without contrast material
CT	**71260**	Computed tomography, thorax, diagnostic; with contrast material(s)
CT	**71270**	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
CT	**71271**	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
CT	**71275**	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
MR	**71550**	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
MR	**71551**	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
MR	**71552**	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
MR	**71555**	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
CT	**72125**	Computed tomography, cervical spine; without contrast material
CT	**72126**	Computed tomography, cervical spine; with contrast material
CT	**72127**	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
CT	**72128**	Computed tomography, thoracic spine; without contrast material
CT	**72129**	Computed tomography, thoracic spine; with contrast material
CT	**72130**	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
CT	**72131**	Computed tomography, lumbar spine; without contrast material
CT	**72132**	Computed tomography, lumbar spine; with contrast material
CT	**72133**	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
MR	**72141**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
MR	**72142**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

Category	CPT® Code	CPT® Code Description
MR	**72146**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
MR	**72147**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
MR	**72148**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
MR	**72149**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
MR	**72156**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
MR	**72157**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
MR	**72158**	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
MR	**72159**	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
CT	**72191**	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	**72192**	Computed tomography, pelvis; without contrast material
CT	**72193**	Computed tomography, pelvis; with contrast material(s)
CT	**72194**	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
MR	**72195**	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
MR	**72196**	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
MR	**72197**	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
MR	**72198**	Magnetic resonance angiography, pelvis, with or without contrast material(s)
CT	**73200**	Computed tomography, upper extremity; without contrast material
CT	**73201**	Computed tomography, upper extremity; with contrast material(s)
CT	**73202**	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
CT	**73206**	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
MR	**73218**	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
MR	**73219**	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
MR	**73220**	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
MR	**73221**	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
MR	**73222**	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
MR	**73223**	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	**73225**	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
CT	**73700**	Computed tomography, lower extremity; without contrast material
CT	**73701**	Computed tomography, lower extremity; with contrast material(s)
CT	**73702**	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
CT	**73706**	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Category	CPT® Code	CPT® Code Description
MR	**73718**	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
MR	**73719**	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
MR	**73720**	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
MR	**73721**	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
MR	**73722**	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
MR	**73723**	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
MR	**73725**	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
CT	**74150**	Computed tomography, abdomen; without contrast material
CT	**74160**	Computed tomography, abdomen; with contrast material(s)
CT	**74170**	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
CT	**74174**	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	**74175**	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	**74176**	Computed tomography, abdomen and pelvis; without contrast material
CT	**74177**	Computed tomography, abdomen and pelvis; with contrast material(s)
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
MR	**74181**	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
MR	**74182**	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
MR	**74183**	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
MR	**74185**	Magnetic resonance angiography, abdomen, with or without contrast material(s)
CT	**74261**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CT	**74262**	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
CT	**74263**	Computed tomographic (CT) colonography, screening, including image postprocessing
MR	**74712**	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
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)
MR	**75557**	Cardiac magnetic resonance imaging for morphology and function without contrast material;
MR	**75559**	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
MR	**75561**	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
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
MR	**75565**	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
CT	**75571**	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium

Category	CPT® Code	CPT® Code Description
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)
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)
CT	**75574**	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio
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
3D Imaging	**76376**	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
3D Imaging	**76377**	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
CT	**76380**	Computed tomography, limited or localized follow-up study
MR	**76390**	Magnetic resonance spectroscopy
MRI	**76391**	Magnetic resonance (eg, vibration) elastography
CT	**76497**	Unlisted computed tomography procedure (eg, diagnostic, interventional)
MR	**76498**	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
MR	**77021**	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
MRI	**77022**	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation
BMRI	**77047**	Magnetic resonance imaging, breast, without contrast material; bilateral
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
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
CT	**77078**	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
MR	**77084**	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
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
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
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
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);

Category	CPT® Code	CPT® Code Description
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
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)
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
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)
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)
Nuclear Cardiac Imaging	**78499**	Unlisted cardiovascular procedure, diagnostic nuclear medicine
PET	**78608**	Brain imaging, positron emission tomography (PET); metabolic evaluation
PET	**78609**	Brain imaging, positron emission tomography (PET); perfusion evaluation
NUC MED	**78803**	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) , single area (eg, head, neck, chest, pelvis), single day imaging
PET	**78811**	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
PET	**78812**	Positron emission tomography (PET) imaging; skull base to mid-thigh
PET	**78813**	Positron emission tomography (PET) imaging; whole body
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)
PET	**78815**	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
PET	**78816**	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
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
MR	**0610T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
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
MR	**0612T**	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
CT	**0633T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
CT	**0634T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
CT	**0635T**	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
CT	**0636T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
CT	**0637T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)

Category	CPT® Code	CPT® Code Description
CT	**0638T**	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
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***
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**
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
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)
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
CT (CTA)	**0711T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission
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
CT (CTA)	**0713T**	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report
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
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)
MRA	**C8900**	Magnetic resonance angiography with contrast, abdomen
MRA	**C8901**	Magnetic resonance angiography without contrast, abdomen
MRA	**C8902**	Magnetic resonance angiography without contrast followed by with contrast, abdomen
MRI	**C8903**	Magnetic resonance imaging with contrast, breast; unilateral
MRI	**C8905**	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral

Category	CPT® Code	CPT® Code Description
MRI	**C8906**	Magnetic resonance imaging with contrast, breast; bilateral
MRI	**C8908**	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
MRA	**C8909**	Magnetic resonance angiography with contrast, chest (excluding myocardium)
MRA	**C8910**	Magnetic resonance angiography without contrast, chest (excluding myocardium)
MRA	**C8911**	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)
MRA	**C8912**	Magnetic resonance angiography with contrast, lower extremity
MRA	**C8913**	Magnetic resonance angiography without contrast, lower extremity
MRA	**C8914**	Magnetic resonance angiography without contrast followed by with contrast, lower extremity
MRA	**C8918**	Magnetic resonance angiography with contrast, pelvis
MRA	**C8919**	Magnetic resonance angiography without contrast, pelvis
MRA	**C8920**	Magnetic resonance angiography without contrast followed by with contrast, pelvis
MRA	**C8931**	Magnetic resonance angiography with contrast, spinal canal and contents
MRA	**C8932**	Magnetic resonance angiography without contrast, spinal canal and contents
MRA	**C8933**	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
MRA	**C8934**	Magnetic resonance angiography with contrast, upper extremity
MRA	**C8935**	Magnetic resonance angiography without contrast, upper extremity
MRA	**C8936**	Magnetic resonance angiography without contrast followed by with contrast, upper extremity
MR	**C9791**	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent
PET	**G0219**	PET imaging whole body; melanoma for noncovered indications
PET	**G0235**	PET imaging, any site, not otherwise specified
PET	**G0252**	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
MRI	**S8037**	Magnetic resonance cholangiopancreatography (MRCP)
MRI	**S8042**	Magnetic resonance imaging (MRI), low-field
PET	**S8085**	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)
CT	**S8092**	Electron beam computed tomography (also known as ultrafast ct, cine ct)

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Security Health Plan
Joint Surgery Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
23000	Removal Of Subdeltoid Calcareous Deposits, Open	Yes	No
23020	Capsular Contracture Release (Eg, Sever Type Procedure)	Yes	No
23120	Claviculectomy; Partial	Yes	No
23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release	Yes	No
23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute	Yes	No
23412	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open;Chronic	Yes	No
23415	Coracoacromial Ligament Release, With Or Without Acromioplasty	Yes	No
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	Yes	No
23430	Tenodesis Of Long Tendon Of Biceps	Yes	No
23440	Resection Or Transplantation Of Long Tendon Of Biceps	Yes	No
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation	Yes	No
23455	Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure)	Yes	No
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block	Yes	No
23462	Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer	Yes	No
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block	Yes	No
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	Yes	No
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Yes	No
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder [Glenoid And Proximal Humeral Replacement (E.G., Total Shoulder)]	Yes	No
23473	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component	Yes	No
23474	Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral And Glenoid Component	Yes	No
27125	Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty)	Yes	No
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft	Yes	No
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft	Yes	No
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft	Yes	No
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft	Yes	No
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft	Yes	No
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial OR Lateral	Yes	No
27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial AND Lateral	Yes	No
27334	Arthrotomy, With Synovectomy, Knee; Anterior OR Posterior	Yes	No
27335	Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area	Yes	No
27403	Arthrotomy With Meniscus Repair, Knee	Yes	No
27412	Autologous Chondrocyte Implantation, Knee	Yes	No
27415	Osteochondral Allograft, Knee, Open	Yes	No
27416	Osteochondral Autograft(S), Knee, Open (Eg, Mosaicplasty) (Includes Harvesting Of Autograft[S])	Yes	No
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)	Yes	No
27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)	Yes	No
27422	Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure)	Yes	No
27424	Reconstruction Of Dislocating Patella;With Patellectomy	Yes	No
27425	Lateral Retinacular Release, Open	Yes	No
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Yes	No
27428	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
27429	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular	Yes	No
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)	Yes	No
27438	Arthroplasty, Patella; With Prosthesis	Yes	No
27440	Arthroplasty, Knee, Tibial Plateau	Yes	No
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy	Yes	No
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy	Yes	No
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment	Yes	No
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (Total Knee Arthroplasty)	Yes	No
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component	Yes	No
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component	Yes	No
29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy	Yes	No
29807	Arthroscopy, Shoulder, Slap Repair	Yes	No
29819	Arthroscopy, Shoulder, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial	Yes	No
29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete	Yes	No
29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited, 1 Or 2 Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	Yes	No
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive, 3 Or More Discrete Structures (Eg, Humeral Bone, Humeral Articular Cartilage, Glenoid Bone, Glenoid Articular Cartilage, Biceps Tendon, Biceps Anchor Complex, Labrum, Articular Capsule, Articular Side Of The Rotator Cuff, Bursal Side Of The Rotator Cuff, Subacromial Bursa, Foreign Body[ies])	Yes	No
29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy Including Distal Articular Surface (Mumford Procedure)	Yes	No
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Our Without Manipulation	Yes	No
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	No
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair	Yes	No
29828	Arthroscopy, Shoulder, Biceps Tenodesis	Yes	No
29860	Arthroscopy, Hip, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)	Yes	No
29861	Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body	Yes	No
29862	Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum	Yes	No
29863	Arthroscopy, Hip, Surgical; With Synovectomy	Yes	No
29866	Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft[S])	Yes	No
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	Yes	No
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion(, Medial Or Lateral	Yes	No
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synoval Biopsy (Separate Procedure)	Yes	No
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage	Yes	No
29873	Arthroscopy, Knee, Surgical; With Lateral Release	Yes	No
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)	Yes	No
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure)	Yes	No
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, Medial Or Lateral)	Yes	No
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty)	Yes	No
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (Includes Chondroplasty Where Necessary) Or Multiple Drilling Or Microfracture	Yes	No
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	No
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	No
29882	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral)	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
29883	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial And Lateral)	Yes	No
29884	Arthroscopy, Knee, Surgical; With Lysis Of Adhesions, With Or Without Manipulation (Separate Procedure)	Yes	No
29885	Arthroscopy, Knee, Surgical; Drilling For Osteochondritis Dissecans With Bone Grafting, With Or Without Internal Fixation (Including Debridement Of Base Of Lesion)	Yes	No
29886	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion	Yes	No
29887	Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation	Yes	No
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction	Yes	No
29914	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)	Yes	No
29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)	Yes	No
29916	Arthroscopy, Hip, Surgical; With Labral Repair	Yes	No
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Yes	No

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Security Health Plan
Interventional Pain Management Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level	Yes	No
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	No
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed	Yes	No
62263	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; 2 Or More Days	Yes	No
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Yes	Yes
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Yes	Yes
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	No
62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid	Yes	No
62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic	Yes	No
62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)	Yes	No
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	No
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar	Yes	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
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	No
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir	Yes	No
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump	Yes	No
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming	Yes	No
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	Yes	No
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	Yes	No
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	No
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64479	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Cervical Or Thoracic, Single Level	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
64480	Injection(S), Anesthetic Agent(S) 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	No
64483	Injection(S), Anesthetic Agent(S) And/Or Steroid; Transforaminal Epidural, With Imaging Guidance (Fluoroscopy Or Ct), Lumbar Or Sacral, Single Level	Yes	No
64484	Injection(S), Anesthetic Agent(S) 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	No
64490	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) Wi	Yes	No
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	No
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	No
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	No
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	No
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	No
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Yes	No
64520	Injection, Anesthetic Agent; Lumbar Or Thoracic (Paravertebral Sympathetic)	Yes	No
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	No
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Yes	No
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	No
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Yes	No
64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
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	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
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	No
0627T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Yes	No
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	No
0629T	Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Yes	No
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	No
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent, With Or Without Arthrography	Yes	No
M0076	Prolotherapy	Yes	No

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Spine Surgery Code List

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure	Yes	No
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
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	No
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	No
20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)	Yes	No
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
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)	Yes	No
22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic	Yes	No
22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral	Yes	No
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	No
22513	Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imgaing Guidance; Thoracic	Yes	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
22515	Percutaneous Vertebral Augmenation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Each Additional Thoracic Or Lumbar Vertebral Body(List Separately In Addition To Code For Primary Procedure)	Yes	No
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separatelyin Addition To Code For Primary Procedure)	Yes	No
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2	Yes	No
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	No
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2	Yes	No
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar	Yes	No
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	No
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Yes	No
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Yes	No
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Yes	No
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Yes	No
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar	Yes	No
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	No
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar	Yes	No
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 and segment (List separately in addition to code for primary procedure)	Yes	No
22841	Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
22845	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22846	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
22847	Anterior Instrumentation; 8 Of More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
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	No
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	No
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	No
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Yes	No
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	No
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	No
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	No
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	No
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar	Yes	No
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level	Yes	No
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	No
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distraction Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
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	No
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	No
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	No
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	No
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	No
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical	Yes	No
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar	Yes	No
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	No
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	No
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	No
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Forminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment; Cervical	Yes	No
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	No
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Yes	No
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments	Yes	No

CPT® Code	CPT® Code Description	Utilization Management	Claims Management
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	No
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	No
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	No
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	No
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	No
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace	Yes	No
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	No
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	No
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	No
0095T	Removal Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach,Each Additional Interspace, Cervical (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
0164T	Removal Of Total Disc Arthroplasty, (Artificial Disc), Anterior Approach,Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
0165T	Revision Including Replacement Of Total Disc Arthroplasty (Artificialdisc), Anterior Approach, Each Additional Interspace, Lumbar (List Separately In Addition To Code For Primary Procedure)	Yes	No
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	No
E0749	Osteogenesis Stimulator; Electrical, Surgically Implanted - Out of Scope for Medicaid	Yes	No

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