

HealthFirst - Prior Authorization Procedure List: Radiology and Radiation Therapy

Platform: ImageOne

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	MRI	70336	MRI TMJ	Yes	Yes
Radiology	CT	70450	CT Head Without Contrast	Yes	Yes
Radiology	CT	70460	CT Head With Contrast	Yes	Yes
Radiology	CT	70470	CT Head Without & With Contrast	Yes	Yes
Radiology	CT	70480	CT Orbit Without Contrast	Yes	Yes
Radiology	CT	70481	CT Orbit With Contrast	Yes	Yes
Radiology	CT	70482	CT Orbit Without & With Contrast	Yes	Yes
Radiology	CT	70486	CT Maxillofacial Without Contrast	Yes	Yes
Radiology	CT	70487	CT Maxillofacial With Contrast	Yes	Yes
Radiology	CT	70488	CT Maxillofacial Without & With Contrast	Yes	Yes
Radiology	CT	70490	CT Soft Tissue Neck Without Contrast	Yes	Yes
Radiology	CT	70491	CT Soft Tissue Neck With Contrast	Yes	Yes
Radiology	CT	70492	CT Soft Tissue Neck Without & With Contrast	Yes	Yes
Radiology	CT	70496	CT Angiography Head	Yes	Yes
Radiology	CT	70498	CT Angiography Neck	Yes	Yes
Radiology	MRI	70540	MRI Orbit, Face, Neck and/or Without Contrast	Yes	Yes
Radiology	MRI	70542	MRI Face, Orbit, Neck With Contrast	Yes	Yes
Radiology	MRI	70543	MRI Face, Orbit, Neck With & Without Contrast	Yes	Yes
Radiology	MRA	70544	MRA Head Without Contrast	Yes	Yes
Radiology	MRA	70545	MRA Head With Contrast	Yes	Yes
Radiology	MRA	70546	MRA Head With & Without Contrast	Yes	Yes
Radiology	MRA	70547	MRA Neck Without Contrast	Yes	Yes
Radiology	MRA	70548	MRA Neck With Contrast	Yes	Yes
Radiology	MRA	70549	MRA Neck With & Without Contrast	Yes	Yes
Radiology	MRI	70551	MRI Head Without Contrast	Yes	Yes
Radiology	MRI	70552	MRI Head With Contrast	Yes	Yes
Radiology	MRI	70553	MRI Head With & Without Contrast	Yes	Yes
Radiology	MRI	70554	MRI Brain, functional MRI	Yes	Yes
Radiology	MRI	70555	MRI Brain, functional MRI, requiring physician	Yes	Yes
Radiology	CT	71250	CT Thorax Without Contrast	Yes	Yes
Radiology	CT	71260	CT Thorax With Contrast	Yes	Yes
Radiology	CT	71270	CT Thorax Without & With Contrast	Yes	Yes
Radiology	CT	71275	CT Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Post processing	Yes	Yes
Radiology	MRI	71550	MRI Chest Without Contrast	Yes	Yes
Radiology	MRI	71551	MRI Chest With Contrast	Yes	Yes
Radiology	MRI	71552	MRI Chest With & Without Contrast	Yes	Yes
Radiology	MRA	71555	MRA Chest (Excluding Myocardium) With Or Without Contrast	Yes	Yes
Radiology	CT	72125	CT Cervical Spine Without Contrast	Yes	Yes
Radiology	CT	72126	CT Cervical Spine With Contrast	Yes	Yes
Radiology	CT	72127	CT Cervical Spine Without & With Contrast	Yes	Yes
Radiology	CT	72128	CT Thoracic Spine Without Contrast	Yes	Yes
Radiology	CT	72129	CT Thoracic Spine With Contrast	Yes	Yes
Radiology	CT	72130	CT Thoracic Spine Without & With Contrast	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	CT	72131	CT Lumbar Spine Without Contrast	Yes	Yes
Radiology	CT	72132	CT Lumbar Spine With Contrast	Yes	Yes
Radiology	CT	72133	CT Lumbar Spine Without & With Contrast	Yes	Yes
Radiology	MRI	72141	MRI Cervical Spine Without Contrast	Yes	Yes
Radiology	MRI	72142	MRI Cervical Spine With Contrast	Yes	Yes
Radiology	MRI	72146	MRI Thoracic Spine Without Contrast	Yes	Yes
Radiology	MRI	72147	MRI Thoracic Spine With Contrast	Yes	Yes
Radiology	MRI	72148	MRI Lumbar Spine Without Contrast	Yes	Yes
Radiology	MRI	72149	MRI Lumbar Spine With Contrast	Yes	Yes
Radiology	MRI	72156	MRI Cervical Spine With & Without Contrast	Yes	Yes
Radiology	MRI	72157	MRI Thoracic Spine With & Without Contrast	Yes	Yes
Radiology	MRI	72158	MRI Lumbar Spine With & Without Contrast	Yes	Yes
Radiology	MRA	72159	MRA Spinal Canal With Or Without Contrast	Yes	Yes
Radiology	CT	72191	CT Angiography Pelvis	Yes	Yes
Radiology	CT	72192	CT Pelvis Without Contrast	Yes	Yes
Radiology	CT	72193	CT Pelvis With Contrast	Yes	Yes
Radiology	CT	72194	CT Pelvis Without & With Contrast	Yes	Yes
Radiology	MRI	72195	MRI Pelvis Without Contrast	Yes	Yes
Radiology	MRI	72196	MRI Pelvis With Contrast	Yes	Yes
Radiology	MRI	72197	MRI Pelvis With & Without Contrast	Yes	Yes
Radiology	MRA	72198	MRA Pelvis With Or Without Contrast	Yes	Yes
Radiology	CT	73200	CT Upper Extremity Without Contrast	Yes	Yes
Radiology	CT	73201	CT Upper Extremity With Contrast	Yes	Yes
Radiology	CT	73202	CT Upper Extremity Without & With Contrast	Yes	Yes
Radiology	CT	73206	CT Angiography Upper Extremity	Yes	Yes
Radiology	MRI	73218	MRI Upper Extremity Without Contrast	Yes	Yes
Radiology	MRI	73219	MRI Upper Extremity With Contrast	Yes	Yes
Radiology	MRI	73220	MRI Upper Extremity With & Without Contrast	Yes	Yes
Radiology	MRI	73221	MRI Upper Extremity Joint Without Contrast	Yes	Yes
Radiology	MRI	73222	MRI Upper Extremity Joint With Contrast	Yes	Yes
Radiology	MRI	73223	MRI Upper Extremity Joint With & Without Contrast	Yes	Yes
Radiology	MRA	73225	MRA Upper Extremity With Or Without Contrast	Yes	Yes
Radiology	CT	73700	CT Lower Extremity Without Contrast	Yes	Yes
Radiology	CT	73701	CT Lower Extremity With Contrast	Yes	Yes
Radiology	CT	73702	CT Lower Extremity Without & With Contrast	Yes	Yes
Radiology	CT	73706	CT Angiography Lower Extremity	Yes	Yes
Radiology	MRI	73718	MRI Lower Extremity Without Contrast	Yes	Yes
Radiology	MRI	73719	MRI Lower Extremity With Contrast	Yes	Yes
Radiology	MRI	73720	MRI Lower Extremity With & Without Contrast	Yes	Yes
Radiology	MRI	73721	MRI Lower Extremity Joint Without Contrast	Yes	Yes
Radiology	MRI	73722	MRI Lower Extremity Joint With Contrast	Yes	Yes
Radiology	MRI	73723	MRI Lower Extremity Joint With & Without Contrast	Yes	Yes
Radiology	MRA	73725	MRA Lower Extremity With Or Without Contrast	Yes	Yes
Radiology	CT	74150	CT Abdomen Without Contrast	Yes	Yes
Radiology	CT	74160	CT Abdomen With Contrast	Yes	Yes
Radiology	CT	74170	CT Abdomen Without & With Contrast	Yes	Yes
Radiology	CT	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	Yes	Yes
Radiology	CT	74175	CT Angiography Abdomen	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	CT	74176	CT Abdomen And Pelvis Without Contrast	Yes	Yes
Radiology	CT	74177	CT Abdomen And Pelvis With Contrast	Yes	Yes
Radiology	CT	74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	Yes	Yes
Radiology	MRI	74181	MRI Abdomen Without Contrast	Yes	Yes
Radiology	MRI	74182	MRI Abdomen With Contrast	Yes	Yes
Radiology	MRI	74183	MRI Abdomen With & Without Contrast	Yes	Yes
Radiology	MRA	74185	MRA Abdomen With Or Without Contrast	Yes	Yes
Radiology	CT	74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	Yes	Yes
Radiology	CT	74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed	Yes	Yes
Radiology	CT	74263	Computed tomographic (CT) colonography, screening, including image post processing	Yes	Yes
Radiology	MRI	74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes
Radiology	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)	Yes	Yes
Radiology	CMRI	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	Yes	Yes
Radiology	CMRI	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Yes	Yes
Radiology	CMRI	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Yes	Yes
Radiology	CMRI	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Yes	Yes
Radiology	CMRI	75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)	No	No
Radiology	CCTA	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Yes	Yes
Radiology	CCTA	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes
Radiology	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 post processing, assessment of lv cardiac function, rv structure and function and evaluation of venous structures, if performed)	Yes	Yes
Radiology	CCTA	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Yes	Yes
Radiology	CT	75635	C T Angiography Abdominal Aorta	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	3DI	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation	Yes	Yes
Radiology	3DI	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; requiring image post processing on an independent workstation	Yes	Yes
Radiology	CT	76380	CT Limited Or Localized Follow-Up Study	Yes	Yes
Radiology	MRI	76390	MRI Spectroscopy	Yes	Yes
Radiology	CT	76497	Unlisted computed tomography procedure	No	No
Radiology	MRI	76498	Unlisted MRI Procedure	No	No
Radiology	MRI	76499	Unlisted Radiology Procedure	No	No
Radiology	DGUS	76506	Us Echoencephalography	No	No
Radiology	DGUS	76536	Us Soft Tissue Head And Neck	No	No
Radiology	DGUS	76604	Us Chest Real Time With Image Documentation	No	No
Radiology	DGUS	76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	No	No
Radiology	DGUS	76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	No	No
Radiology	DGUS	76700	Ultrasound Abdominal Real Time With Image Documentation	No	No
Radiology	DGUS	76705	U/S Single Organ	No	No
Radiology	DGUS	76770	Ultrasound,Retroperotonal,Real Time With Image Documentation; Complete	No	No
Radiology	DGUS	76775	Us Echo Limited	No	No
Radiology	DGUS	76776	Ultrasound, Transplanted Kidney, Real Time And Duplex Doppler With Image Documentation	No	No
Radiology	DGUS	76800	Us Echo Spinal Canal	No	No
Radiology	OB-US	76801	Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Single Or First Gestation	No	No
Radiology	OB-US	76802	Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Each Additional Gestation	No	No
Radiology	OB-US	76805	Ultrasound Obstetrical Pelvis, Pregnant Uterus, B-Scan	No	No
Radiology	OB-US	76810	Ultrasound Obstetrical Pelvis Complete, Multiple Gestation After 1st Trimester	No	No
Radiology	OB-US	76811	Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Single Or First Gestation	No	No
Radiology	OB-US	76812	Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Each Additional Gestation	No	No
Radiology	OB-US	76813	Ultrasound, pregnant uterus, real time with image documentation	No	No
Radiology	OB-US	76814	Ultrasound, pregnant uterus, real time with image documentation	No	No
Radiology	OB-US	76815	Ultrasound Obstetrical Pelvis Limited (Gestational Age, Heart Beat, Emergency)	No	No
Radiology	OB-US	76816	Ultrasound Obstetrical Pelvis Follow Up Or Repeat	No	No
Radiology	OB-US	76817	Ultrasound Pregnant Uterus Transvaginal	No	No
Radiology	OB-US	76818	Fetal Biophysical Profile	No	No
Radiology	OB-US	76819	Fetal Biophysical Profile Without Stress Non Stress	No	No
Radiology	OB-US	76820	Doppler Velocimetry, Fetal; Umbilical Artery	No	No
Radiology	OB-US	76821	Doppler Velocimetry, Fetal; Middle Cerebral Artery	No	No
Radiology	OB-US	76825	Ultrasound Obstetrical Echocardiography, Fetal, Cardiovascular System	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	OB-US	76826	Follow Up Or Repeat Study	No	No
Radiology	OB-US	76827	Doppler Echocardiography Fetal Complete	No	No
Radiology	OB-US	76828	Follow Up Or Repeat Study	No	No
Radiology	DGUS	76830	U/S Transvaginal	No	No
Radiology	DGUS	76831	Hysterosonography W Or W/O Col	No	No
Radiology	DGUS	76856	Ultrasound Pelvic Real Time With Image Documentation; Complete	No	No
Radiology	DGUS	76857	Us Pel Lim Or F/U	No	No
Radiology	DGUS	76870	Us Echo Scrotum	No	No
Radiology	DGUS	76872	U/S Transrectal	No	No
Radiology	DGUS	76881	Ultrasound, Extremity, Non-Vascular, Real Time With Image Documentation; Complete	No	No
Radiology	DGUS	76882	Ultrasound, Extremity, Non-Vascular, Real Time With Image Documentation; Limited, Anatomic Specific	No	No
Radiology	DGUS	76885	Us Echo, Infant Hips Real-time	No	No
Radiology	DGUS	76886	Us, Infant Hips, Real Time; Limited, Static	No	No
Radiology	DGUS	76970	Us Study Follow Up	No	No
Radiology	DGUS	76975	Ultrasound Gastrointestinal, Endoscopic	Yes	Yes
Radiology	DGUS	76999	Echo Examination Procedure	No	No
Radiology	CT	77011	CT For Stereotactic Localization	No	No
Radiology	CT	77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	No	No
Radiology	CT	77013	CT Guidance For Procedures For Ablation	No	No
Radiology	CT	77014	CT Guide Placement Radiation	No	No
Radiology	MRI	77021	M R I Guidance For Needle Placement	Yes	Yes
Radiology	MRI	77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	No	No
Radiology	BMRI	77058	M R I Breast With And/Or Without Contrast	Yes	Yes
Radiology	BMRI	77059	M R I Breast Bilateral	Yes	Yes
Radiology	CT	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	No	No
Radiology	MRI	77084	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	Yes	Yes
Radiology	NUC MED	78000	Thyroid uptake; single determination	AMA Deleted 1/1/2013; Request with 78012	AMA Deleted 1/1/2013; Request with 78012
Radiology	NUC MED	78001	Thyroid uptake; multiple determinations	AMA Deleted 1/1/2013; Request with 78012	AMA Deleted 1/1/2013; Request with 78012
Radiology	NUC MED	78003	Thyroid uptake stimulation, suppression or discharge (not including initial uptake studies)	AMA Deleted 1/1/2013; Request with 78012	AMA Deleted 1/1/2013; Request with 78012
Radiology	NUC MED	78006	Thyroid imaging, with uptake; single determination	No	No
Radiology	NUC MED	78007	Thyroid imaging, multiple determinations	No	No
Radiology	NUC MED	78010	Thyroid imaging; only	No	No
Radiology	NUC MED	78011	Thyroid imaging; with vascular flow	No	No
Radiology	NUC MED	78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes	Yes
Radiology	NUC MED	78013	Thyroid imaging (including vascular flow, when performed)	Yes	Yes
Radiology	NUC MED	78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Yes	Yes
Radiology	NUC MED	78015	Thyroid Met Imaging	Yes	Yes
Radiology	NUC MED	78016	Thyroid Met Imaging With Additional Studies	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	NUC MED	78018	Thyroid Scan Whole Body	Yes	Yes
Radiology	NUC MED	78020	Thyroid Carcinoma Metastases Uptake	Yes	Yes
Radiology	NUC MED	78070	Parathyroid planar imaging (including subtraction, when performed)	Yes	Yes
Radiology	NUC MED	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Yes	Yes
Radiology	NUC MED	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Yes	Yes
Radiology	NUC MED	78075	Adrenal Nuclear Imaging	Yes	Yes
Radiology	NUC MED	78099	Unlisted endocrine procedure	No	No
Radiology	NUC MED	78102	Bone Marrow Imaging, Limited	Yes	Yes
Radiology	NUC MED	78103	Bone Marrow Imaging, Multiple	Yes	Yes
Radiology	NUC MED	78104	Bone Marrow Imaging, Whole Body	Yes	Yes
Radiology	NUC MED	78135	Red Cell Survival Differential	No	No
Radiology	NUC MED	78140	Labeled Red Cell Sequestration	No	No
Radiology	NUC MED	78185	Spleen Imaging With & Without Vascular Flow	Yes	Yes
Radiology	NUC MED	78190	Platelet Survival W/ Or W/Out Differential Organ/Tissue Localization	No	No
Radiology	NUC MED	78191	Platelet Survival Study Only	No	No
Radiology	NUC MED	78195	Lymph System Imaging	Yes	Yes
Radiology	NUC MED	78199	Unlisted Hematopoietic Procedure	No	No
Radiology	NUC MED	78201	Liver Imaging	Yes	Yes
Radiology	NUC MED	78202	Liver Imaging With Flow	Yes	Yes
Radiology	NUC MED	78205	Liver Imaging SPECT (3D)	Yes	Yes
Radiology	NUC MED	78206	Liver Imaging SPECT With Vascular Flow	Yes	Yes
Radiology	NUC MED	78215	Liver & Spleen Imaging	Yes	Yes
Radiology	NUC MED	78216	Liver & Spleen Imaging With Flow	Yes	Yes
Radiology	NUC MED	78220	Liver function study with hepatobiliary agents, with serial images	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	AMA Deleted 1/1/2012; Request with 78226 or 78227	AMA Deleted 1/1/2012; Request with 78226 or 78227
Radiology	NUC MED	78226	Hepatobiliary system imaging, including gallbladder when present;	Yes	Yes
Radiology	NUC MED	78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	Yes	Yes
Radiology	NUC MED	78230	Salivary Gland Imaging	Yes	Yes
Radiology	NUC MED	78231	Serial Salivary Gland	Yes	Yes
Radiology	NUC MED	78232	Salivary Gland Function Exam	Yes	Yes
Radiology	NUC MED	78258	Esophagus Motility Study	Yes	Yes
Radiology	NUC MED	78261	Gastric Mucosa Imaging	Yes	Yes
Radiology	NUC MED	78262	Gastroesophageal Reflux Exam	Yes	Yes
Radiology	NUC MED	78264	Gastric Emptying Study	Yes	Yes
Radiology	NUC MED	78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit	Yes	Yes
Radiology	NUC MED	78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days	Yes	Yes
Radiology	NUC MED	78270	B-12 Absorption With Out Intrinsic Factor	No	No
Radiology	NUC MED	78271	B-12 Absorption With Intrinsic Factor	No	No
Radiology	NUC MED	78278	GI Bleeder Scan	Yes	Yes
Radiology	NUC MED	78282	Gastronintestinal protein loss	Yes	Yes
Radiology	NUC MED	78290	Meckels Diverticulum Imaging	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	NUC MED	78291	Leveen Shunt Patency Exam	Yes	Yes
Radiology	NUC MED	78299	Unlisted Gastrointestinal Procedure	No	No
Radiology	NUC MED	78300	Bone Or Joint Imaging Limited	Yes	Yes
Radiology	NUC MED	78305	Bone Or Joint Imaging Multiple	Yes	Yes
Radiology	NUC MED	78306	Bone Scan Whole Body	Yes	Yes
Radiology	NUC MED	78315	Bone Scan 3 Phase Study	Yes	Yes
Radiology	NUC MED	78320	Bone Joint Imaging Tomo Test SPECT	Yes	Yes
Radiology	NUC MED	78399	Unlisted Musculoskeletal Procedure	No	No
Radiology	NUC MED	78414	Non-Imaging Heart Function	Yes	Yes
Radiology	NUC MED	78428	Cardiac Shunt Imaging	Yes	Yes
Radiology	NUC MED	78445	Non-cardiac vascular flow imaging (i.e., angiography, venography)	Yes	Yes
Radiology	NUC CARD	78451	Myocardial perfusion imaging, tomographic (spect) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Yes	Yes
Radiology	NUC CARD	78452	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Yes	Yes
Radiology	NUC CARD	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	NUC CARD	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	NUC MED	78456	Acute Venous Thrombosis Imaging	Yes	Yes
Radiology	NUC MED	78457	Venous Thrombosis Imaging Unilateral	Yes	Yes
Radiology	NUC MED	78458	Venous Thrombosis Images, Bilateral	Yes	Yes
Radiology	CPET	78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation	Yes	Yes
Radiology	NUC MED	78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78461	Myocardial perfusion imaging; multiple studies (planar), at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78466	Myocardial Infarction Scan	Yes	Yes
Radiology	NUC MED	78468	Heart Infarct Image Ejection Fraction	Yes	Yes
Radiology	NUC MED	78469	Heart Infarct Image 3D SPECT	Yes	Yes
Radiology	NUC MED	78472	Cardiac Bloodpool Img, Single	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	NUC MED	78473	Cardiac Bloodpool Img, Multi	Yes	Yes
Radiology	NUC MED	78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	NUC MED	78481	Heart First Pass Single	Yes	Yes
Radiology	NUC MED	78483	Cardiac Blood Pool Imaging -- Multiple	Yes	Yes
Radiology	CPET	78491	Myocardial imaging, positron emission tomography (pet), perfusion; single study at rest or stress	Yes	Yes
Radiology	CPET	78492	Myocardial imaging, positron emission tomography (pet), perfusion; multiple studies at rest and/or stress	Yes	Yes
Radiology	NUC MED	78494	Cardiac Blood Pool Imaging , SPECT	Yes	Yes
Radiology	NUC MED	78496	Cardiac Blood Pool Imaging - Single Study @ Rest	Yes	Yes
Radiology	NUC MED	78499	Unlisted Cardiovascular Procedure	No	No
Radiology	NUC MED	78579	Pulmonary ventilation imaging (e.g., aerosol or gas)	Yes	Yes
Radiology	NUC MED	78580	Pulmonary perfusion imaging (e.g., particulate)	Yes	Yes
Radiology	NUC MED	78582	Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging	Yes	Yes
Radiology	NUC MED	78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78585	Pulmonary Perfusion With Washout With Or Without Single Breath	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78586	Pulmonary ventilation imaging, aerosol; single projection	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78587	Pulmonary ventilation imaging, aerosol; multiple projections (e.g., anterior, posterior, lateral views)	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, 1 or multiple projections	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (e.g., anterior, posterior, lateral views)	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78596	Pulmonary quantitative differential function (ventilation/perfusion) study	AMA Deleted 1/1/2012	AMA Deleted 1/1/2012
Radiology	NUC MED	78597	Quantitative differential pulmonary perfusion, including imaging when performed	Yes	Yes
Radiology	NUC MED	78598	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed	Yes	Yes
Radiology	NUC MED	78599	Unlisted Respiratory Procedure	No	No
Radiology	NUC MED	78600	Brain Imaging Limited Static	Yes	Yes
Radiology	NUC MED	78601	Brain Limited Imaging And Flow	Yes	Yes
Radiology	NUC MED	78605	Brain Imaging Complete	Yes	Yes
Radiology	NUC MED	78606	Brain Imaging Complete With Flow	Yes	Yes
Radiology	NUC MED	78607	Brain Imaging 3D	Yes	Yes
Radiology	PET	78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation	Yes	Yes
Radiology	PET	78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation	Yes	Yes
Radiology	NUC MED	78610	Brain Flow Imaging Only	Yes	Yes
Radiology	NUC MED	78630	Cisternogram (Cerebrospinal Fluid Flow)	Yes	Yes
Radiology	NUC MED	78635	Cerebrospinal Ventriculography	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	NUC MED	78645	CSF Shunt Evaluation	Yes	Yes
Radiology	NUC MED	78647	Cerebrospinal Fluid Scan (Tomographic) SPECT	Yes	Yes
Radiology	NUC MED	78650	C S F Leakage Detection And Localization	Yes	Yes
Radiology	NUC MED	78660	Radiopharmaceutical Dacryocystography	Yes	Yes
Radiology	Unlisted	78699	Unlisted Nuclear Medicine Procedure	No	No
Radiology	NUC MED	78700	Kidney Imaging Morphology	Yes	Yes
Radiology	NUC MED	78701	Kidney Imaging With Vascular Flow	Yes	Yes
Radiology	NUC MED	78704	Kidney Imaging With Function Study (Imaging Renogram)	No	No
Radiology	NUC MED	78707	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention	Yes	Yes
Radiology	NUC MED	78708	Kidney Imaging Single Study With Pharmacological Intervention	Yes	Yes
Radiology	NUC MED	78709	Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention	Yes	Yes
Radiology	NUC MED	78710	Kidney Imaging - Tomographic (SPECT)	Yes	Yes
Radiology	NUC MED	78725	Kidney Function Study - Non-Imaging Radioisotopic	Yes	Yes
Radiology	NUC MED	78730	Urinary Bladder Residual Study	Yes	Yes
Radiology	NUC MED	78740	Ureteral Reflux Study	Yes	Yes
Radiology	NUC MED	78761	Testicular Imaging With Vascular Flow	Yes	Yes
Radiology	NUC MED	78799	Unlisted Genitourinary Procedure	No	No
Radiology	NUC MED	78800	Radiopharm Localization Of Tumor, Limited Area	Yes	Yes
Radiology	NUC MED	78801	Radiopharm Localization Of Tumor, Multiple Areas	Yes	Yes
Radiology	NUC MED	78802	Radiopharm Localization Of Tumor, Whole Body	Yes	Yes
Radiology	NUC MED	78803	Radiopharm Localization Of Tumor Tomographic (SPECT)	Yes	Yes
Radiology	NUC MED	78804	Radiopharm Localization Of Tumor, Whole Body	Yes	Yes
Radiology	NUC MED	78805	Radiopharm Localization Of Abscess, Limited Area	Yes	Yes
Radiology	NUC MED	78806	Radiopharm Localization Of Abscess, Whole Body	Yes	Yes
Radiology	NUC MED	78807	Radiopharm Localization Of Abscess, Tomographic SPECT	Yes	Yes
Radiology	PET	78811	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (E.g., Chest, Head/Neck)	Yes	Yes
Radiology	PET	78812	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh	Yes	Yes
Radiology	PET	78813	Positron Emission Tomography (Pet); Whole Body	Yes	Yes
Radiology	PET CT	78814	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Limited Area (e.g. Chest, Head/Neck)	Yes	Yes
Radiology	PET CT	78815	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Skull Base To Mid-Thigh	Yes	Yes
Radiology	PET CT	78816	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Whole Body	Yes	Yes
Radiology	NUC MED	78999	Unlisted Misc. Procedure Diagnostic Nuclear Med	No	No
Radiology	DGUS	93880	Duplex scan of extracranial arteries; complete bilateral study	No	No
Radiology	DGUS	93882	Duplex scan of extracranial arteries; unilateral or limited study	No	No
Radiology	DGUS	93886	Transcranial Doppler study of the intracranial arteries; complete study	No	No
Radiology	DGUS	93888	Transcranial Doppler study of the intracranial arteries; limited study	No	No
Radiology	DGUS	93890	Transcranial Doppler vasoreactivity study	No	No
Radiology	DGUS	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	DGUS	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	No	No
Radiology	DGUS	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	No	No
Radiology	DGUS	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (e.g., measurements with postural provocative tests, or measurements with reactive hyperemia)	No	No
Radiology	DGUS	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (i.e., bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	No	No
Radiology	DGUS	93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	No	No
Radiology	DGUS	93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	No	No
Radiology	DGUS	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	No	No
Radiology	DGUS	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	No	No
Radiology	DGUS	93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	No	No
Radiology	DGUS	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	No	No
Radiology	DGUS	93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited stud	No	No
Radiology	DGUS	93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	No	No
Radiology	DGUS	93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	DGUS	93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	No	No
Radiology	DGUS	93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	No	No
Radiology	DGUS	93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	No	No
Radiology	DGUS	93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	No	No
Radiology	DGUS	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	No	No
Radiology	DGUS	93998	Unlisted Noninvasive Vascular Diagnostic Study	No	No
Radiology	CT	0042T	CT Perfusion Brain	No	No
Radiology	CT	0066T	Computed tomographic (CT) colonography (i.e., virtual colonoscopy); screening	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0067T	Computed tomographic (CT) colonography (i.e., virtual colonoscopy); diagnostic	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0144T	Computed tomography, heart, without contrast material, including image post processing and quantitative evaluation of coronary calcium	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0145T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image post processing; cardiac structure and morphology	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0146T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image post processing; computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0147T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image post processing; computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0148T	Computed tomography, heart, with contrast material(s), including noncontrast images, if performed, cardiac gating and 3D image post processing; cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium	AMA Deleted 1/1/2010	AMA Deleted 1/1/2010
Radiology	CT	0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	No	No
Radiology	MRA	C8900	MRA Abdomen with contrast	No	No
Radiology	MRA	C8901	MRA Abdomen without contrast	No	No
Radiology	MRA	C8902	MRA Abdomen with and w/o contrast	No	No
Radiology	MRI	C8903	MRI Breast w/ contrast, unilateral	No	No
Radiology	MRI	C8904	MRI Breast w/o contrast, unilateral	No	No
Radiology	MRI	C8905	MRI Breast w. and w/o contrast, unilateral	No	No
Radiology	MRI	C8906	MRI Breast Bilateral W/ Contrast	No	No
Radiology	MRI	C8907	MRI Breast Bilateral W/O Contrast	No	No
Radiology	MRI	C8908	MRI Breast Bilateral W/ And W/O Contrast	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiology	MRA	C8909	MRA chest w/contrast (excluding myocardium)	No	No
Radiology	MRA	C8910	MRA chest w/o contrast (excluding myocardium)	No	No
Radiology	MRA	C8911	MRA chest (excluding myocardium)	No	No
Radiology	MRA	C8912	MRA lower extremity w/ contrast	No	No
Radiology	MRA	C8913	MRA lower extremity w/o contrast	No	No
Radiology	MRA	C8914	MRA lower extremity w/ and w/o contrast	No	No
Radiology	MRA	C8918	MRA pelvis w/ contrast	No	No
Radiology	MRA	C8919	MRA pelvis w/o contrast	No	No
Radiology	MRA	C8920	MRA pelvis w/ and w/o contrast	No	No
Radiology	MRA	C8931	MRA, W/Dye, Spinal Canal	No	No
Radiology	MRA	C8932	MRA, W/O Dye, Spinal Canal	No	No
Radiology	MRA	C8933	MRA, W/O & W/Dye, Spinal Canal	No	No
Radiology	MRA	C8934	MRA, W/Dye, Upper Extremity	No	No
Radiology	MRA	C8935	MRA, W/O Dye, Upper Extr	No	No
Radiology	MRA	C8936	MRA, W/O & W/Dye, Upper Extr	No	No
Radiology	DGUS	C9744	Ultrasound, abdominal, with contrast	No	No
Radiology	PET	G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications	Yes	Yes
Radiology	PET	G0235	Pet Imaging, Any Site, Not Otherwise Specified	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	PET	G0252	Pet Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	CT	G0297	Low-dose Computed Tomography For Lung Cancer Screening	Yes	Yes
Radiology	DGUS	G0389	Ultrasound B-Scan And/Or Real Time With Image Documentation; For Abdominal Aortic Aneurysm (Aaa) Screening	No	No
Radiology	CT	S8032	Low-dose Computed Tomography For Lung Cancer Screening	AMA Deleted 10/1/2016	AMA Deleted 10/1/2016
Radiology	MRI	S8037	Magnetic resonance cholangiopancreato-graphy (MRCP)	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	MRI	S8042	Magnetic Resonance Imaging (Mri), Low-Field	Redirect to appropriate procedure	Redirect to appropriate procedure
Radiology	CT	S8080	Scintimammography (Radioimmunosintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical	No	No
Radiology	PET	S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated Pet Scan)	No	No
Radiology	CT	S8092	Electron Beam Computed Tomography (Also Known As Ultrafast CT, Cinet)	Yes	Yes
Radiation Therapy	Rev Code	333	Radiology/Therapeutic- Radiation Therapy	No	No
Radiation Therapy	N/A	19296	Placement Of Radiation Therapy Afterloading Expandable Catheter Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy On Date Separate From Partial Mastectomy	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiation Therapy	N/A	19297	Placement Of Radiation Therapy Afterloading Expandable Catheter Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Concurrent With Partial Mastectomy)	No	No
Radiation Therapy	N/A	19298	Placement Of Radiation Therapy Afterloading Brachytherapy Catheters (Multiple Tube And Button Type) Into The Breast For Interstitial Radioelement Application Following (At The Time Of Or Subsequent To) Partial Mastectomy, Includes Imaging Guidance.	No	No
Radiation Therapy	N/A	31643	Bronchoscopy (Rigid Or Flexible), With Placement Of Catheter For Intracavitary Radioelement Application	No	No
Radiation Therapy	N/A	32553	Placement Of Interstitial Device For Radiation Therapy Guidance, Percutaneous, Intra-Thoracic, Single Or Multiple	No	No
Radiation Therapy	N/A	41019	Placement Of Needles, Catheters, And Other Devices Into The Head And/Or Neck	No	No
Radiation Therapy	N/A	49411	Placement Of Interstitial Device(s) For Radiation Therapy Guidance, Open, Intra-Abdominal, Intra-Pelvic And/Or Retroperitoneum, Including Image Guidance, Single Or Multiple	No	No
Radiation Therapy	N/A	49412	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (e.g., Fiducial Markers, Dosimeter), Open, Intra-Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Image Guidance, If Performed, Single Or Multiple (List Separately In Addition To Code For Primary Procedure)	No	No
Radiation Therapy	N/A	55875	Transperineal Placement Of Needles Or Catheters Into Prostate For Interstitial Radioelement Application, With Or Out Cystoscopy	No	No
Radiation Therapy	N/A	55876	Fiducial Marker Placement In The Prostate	No	No
Radiation Therapy	N/A	55920	Placement Of Needles, Catheters, Or Other Device(s) Into The Head And/Or Neck Region (Percutaneous, Transoral, Or Transnasal) For Subsequent Interstitial Radioelement Application	No	No
Radiation Therapy	N/A	57155	Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy	No	No
Radiation Therapy	N/A	57156	Insertion Of A Vaginal Radiation After Loading Apparatus For Clinical Brachytherapy	No	No
Radiation Therapy	N/A	58346	Insertion Of Heyman Capsules for Clinical Brachytherapy	No	No
Radiation Therapy	N/A	76873	US Transrectal Prostate Volume Study For Brachytherapy	No	No
Radiation Therapy	N/A	76965	Ultrasound Guidance For Interstitial Radioelement Application	No	No
Radiation Therapy	Radiologic Guidance	77014	Computed tomography guidance for placement of radiation therapy fields	Yes	Yes
Radiation Therapy	N/A	77261	Therapeutic Radiology Treatment Planning; Simple	No	No
Radiation Therapy	N/A	77262	Therapeutic Radiology Treatment Planning; Intermediate	No	No
Radiation Therapy	N/A	77263	Therapeutic Radiology Treatment Planning; Complex	No	No
Radiation Therapy	N/A	77280	Therapeutic Radiology Simulation; Simple	No	No
Radiation Therapy	N/A	77285	Therapeutic Radiology Simulation; Intermediate	No	No
Radiation Therapy	N/A	77290	Therapeutic Radiology Simulation; Complex	No	No
Radiation Therapy	N/A	77293	Respiratory Motion Management Simulation (List Separately In Addition To Code For Primary Procedure)	No	No
Radiation Therapy	N/A	77295	3-Dimensional Radiotherapy Plan, Including Dose-Volume Histograms	No	No
Radiation Therapy	N/A	77299	Unlisted Procedure; Therapeutic Radiology Treatment Planning	No	No
Radiation Therapy	N/A	77300	Basic Radiation Dosimetry	No	No
Radiation Therapy	N/A	77301	IMRT Planning	No	No
Radiation Therapy	N/A	77306	Electron Beam Computed Tomography (Also Known As Ultrafast CT, Cinet)	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiation Therapy	N/A	77307	Teletherapy Isodose Plan; Complex (Multiple Treatment Areas, Tangential Ports, The Use Of Wedges, Blocking, Rotational Beam, Or Special Beam Considerations), Includes Basic Dosimetry Calculation(s)	No	No
Radiation Therapy	N/A	77316	Brachytherapy Isodose Plan; Simple (Calculation(s) Made From 1 To 4 Sources, Or Remote Afterloading Brachytherapy, 1 Channel), Includes Basic Dosimetry Calculation(s)	No	No
Radiation Therapy	N/A	77317	Brachytherapy Isodose Plan; Intermediate (Calculation(s) Made From 5 To 10 Sources, Or Remote Afterloading Brachytherapy, 2-12 Channels), Includes Basic Dosimetry Calculation(s)	No	No
Radiation Therapy	N/A	77318	Brachytherapy Isodose Plan; Complex (Calculation(s) Made From Over 10 Sources, Or Remote Afterloading Brachytherapy, 12 Channels), Includes Basic Dosimetry Calculation(s)	No	No
Radiation Therapy	N/A	77321	Special Teletherapy Port Plan, Particles, Hemibody, Total Body	No	No
Radiation Therapy	N/A	77331	Special Radiation Dosimetry	No	No
Radiation Therapy	N/A	77332	Treatment Devices; Simple	No	No
Radiation Therapy	N/A	77333	Treatment Devices; Intermediate	No	No
Radiation Therapy	N/A	77334	Treatment Devices; Complex	No	No
Radiation Therapy	N/A	77336	Continuing Medical Physics Consultation	No	No
Radiation Therapy	N/A	77338	Multi-Leaf Collimator (MLC) Device(s) For IMRT, Design And Construction Per IMRT Plan	No	No
Radiation Therapy	N/A	77370	Special Medical Physics Consultation	No	No
Radiation Therapy	Stereotactic Radiation Therapy	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Yes	Yes
Radiation Therapy	Stereotactic Radiation Therapy	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Yes	Yes
Radiation Therapy	Stereotactic Radiation Therapy	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Yes	Yes
Radiation Therapy	Intensity Modulated Radiation Therapy (IMRT)	77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Yes	Yes
Radiation Therapy	Intensity Modulated Radiation Therapy (IMRT)	77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Yes	Yes
Radiation Therapy	Radiologic Guidance	77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	Yes	Yes
Radiation Therapy	N/A	77399	Unlisted Procedure, Medical Radiation Physics	No	No
Radiation Therapy	Radiation Treatment Delivery	77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	77402	Radiation treatment delivery, >1 MeV; simple	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	77407	Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks;>=1 MeV; intermediate	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	77417	Therapeutic Radiology Port Image(s)	No	No
Radiation Therapy	Neutron Beam Radiation Therapy	77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	Delete	Delete

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiation Therapy	Neutron Beam Radiation Therapy	77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	Yes	Yes
Radiation Therapy	Intraoperative Radiation Therapy (IORT)	77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Yes	Yes
Radiation Therapy	Intraoperative Radiation Therapy (IORT)	77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Yes	Yes
Radiation Therapy	N/A	77427	Radiation Treatment Management, Five Treatments	No	No
Radiation Therapy	N/A	77431	Radiation Treatment Management, With Complete Course Of Therapy Consisting Of 1 -2 Fractions	No	No
Radiation Therapy	N/A	77432	Stereotactic Radiation Treatment Management Cerebral Lesion(s) Complete Course Of Treatment Consisting Of 1 Session	No	No
Radiation Therapy	N/A	77435	Stereotactic Body Radiation Treatment Management Per Treatment Course; 1 Or More Lesions, Including Image Guidance Entire Course Not To Exceed 5 Fractions	No	No
Radiation Therapy	N/A	77469	Intraoperative Radiation Treatment Management	No	No
Radiation Therapy	N/A	77470	Special Treatment Procedure (e.g.. Total Body Radiation, Hemibody Radiation Or Per Oral Endocavity)	No	No
Radiation Therapy	N/A	77499	Unlisted Procedure, Therapeutic Radiology Treatment Management	No	No
Radiation Therapy	Proton Beam Radiation Therapy	77520	Proton treatment delivery; simple, without compensation	Yes	Yes
Radiation Therapy	Proton Beam Radiation Therapy	77522	Proton treatment delivery; simple, with compensation	Yes	Yes
Radiation Therapy	Proton Beam Radiation Therapy	77523	Proton treatment delivery; intermediate	Yes	Yes
Radiation Therapy	Proton Beam Radiation Therapy	77525	Proton treatment delivery; complex	Yes	Yes
Radiation Therapy	Hyperthermia Treatment	77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)	Yes	Yes
Radiation Therapy	Hyperthermia Treatment	77605	Hyperthermia, externally generated; deep (i.e., heating to depths greater than 4 cm)	Yes	Yes
Radiation Therapy	Hyperthermia Treatment	77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	Yes	Yes
Radiation Therapy	Hyperthermia Treatment	77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators	Yes	Yes
Radiation Therapy	Hyperthermia Treatment	77620	Hyperthermia generated by intracavitary probe(s)	Yes	Yes
Radiation Therapy	Brachytherapy	77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	Yes	Yes
Radiation Therapy	Brachytherapy	77761	Intracavitary radiation source application; simple	Yes	Yes
Radiation Therapy	Brachytherapy	77762	Intracavitary radiation source application; intermediate	Yes	Yes
Radiation Therapy	Brachytherapy	77763	Intracavitary radiation source application; complex	Yes	Yes
Radiation Therapy	Brachytherapy	77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel	Yes	Yes
Radiation Therapy	Brachytherapy	77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Yes	Yes
Radiation Therapy	Brachytherapy	77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel	Yes	Yes
Radiation Therapy	Brachytherapy	77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels	Yes	Yes
Radiation Therapy	Brachytherapy	77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels	Yes	Yes
Radiation Therapy	Brachytherapy	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed	Yes	Yes
Radiation Therapy	Brachytherapy	77789	Surface application of low dose rate radionuclide source	No	No
Radiation Therapy	Brachytherapy	77790	Supervision, handling, loading of radiation source	No	No

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiation Therapy	N/A	77799	Unlisted Procedure, Clinical Brachytherapy	No	No
Radiation Therapy	Associated Services with Radiation Therapy	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	No	No
Radiation Therapy	N/A	0190T	Placement Of Intraocular Radiation Source Applicator	No	No
Radiation Therapy	Brachytherapy	0394T	HDR electronic brachytherapy, skin surface application, per fraction	Yes	Yes
Radiation Therapy	Brachytherapy	0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction	Yes	Yes
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	No	No
Radiation Therapy	N/A	A9545	Iodine I-131 Tositumomab, Therapeutic, Per Treatment Dose	No	No
Radiation Therapy	N/A	A9563	Sodium Phosphate P-32, Therapeutic, Per Millicurie	No	No
Radiation Therapy	N/A	A9564	Chromic Phosphate P-32 Suspension, Therapeutic, Per Millicurie	No	No
Radiation Therapy	N/A	A9600	Strontium SR-89 Chloride, Therapeutic, Per Millicurie	No	No
Radiation Therapy	N/A	A9604	Samarium SM-153 Lexidronam, Therapeutic, Per Treatment Dose, Up To 150 Millicuries	No	No
Radiation Therapy	Therapeutic Radiopharmaceuticals	A9606	Radium RA-223 Dichloride, Therapeutic, Per Microcurie	Yes	Yes
Radiation Therapy	N/A	A9699	Radiopharmaceutical, therapeutic, not otherwise classified	No	No
Radiation Therapy	Stereotactic Radiation Therapy	G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Yes	Yes
Radiation Therapy	Stereotactic Radiation Therapy	G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Yes	Yes
Radiation Therapy	N/A	G0458	Low Dose Rate (LDR) Prostate Brachytherapy Services, Composite Rate	No	No
Radiation Therapy	Radiologic Guidance	G6001	Ultrasonic guidance for placement of radiation therapy fields	Yes	Yes
Radiation Therapy	Radiologic Guidance	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Yes	Yes

Solution	Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare Requires Prior Authorization
Radiation Therapy	Radiation Treatment Delivery	G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Yes	Yes
Radiation Therapy	Radiation Treatment Delivery	G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Yes	Yes
Radiation Therapy	Intensity Modulated Radiation Therapy (IMRT)	G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Yes	Yes
Radiation Therapy	Intensity Modulated Radiation Therapy (IMRT)	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Yes	Yes
Radiation Therapy	Radiation Treatment Management	G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	No	No
Radiation Therapy	N/A	S2095	Placement Of Interstitial Device(s) For Radiation Therapy Guidance (e.g., Fiducial Markers, Dosimeter), Prostate (Via Needle, Any Approach), Single Or Multiple	No	No
Radiation Therapy	N/A	S8030	Scleral Application Of Tantalum Ring(s) For Localization Of Lesions For Proton Beam Therapy	No	No

CPT® copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.