

### Prominence Health Plan: Cardiology CPT Code List

Category	CPT® Code	CPT® Code Description
CID	<b>33206</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
CID	<b>33207</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
CID	<b>33208</b>	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
CID	<b>33212</b>	Insertion of pacemaker pulse generator only; with existing single lead
CID	<b>33213</b>	Insertion of pacemaker pulse generator only; with existing dual leads
CID	<b>33214</b>	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new generator)
CID	<b>33221</b>	Insertion of pacemaker pulse generator only; with existing multiple leads
CID	<b>33224</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
CID	<b>33225</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)
CID	<b>33227</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
CID	<b>33228</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
CID	<b>33229</b>	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
CID	<b>33230</b>	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads

Category	CPT® Code	CPT® Code Description
CID	<b>33231</b>	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
CID	<b>33240</b>	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead
CID	<b>33249</b>	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
CID	<b>33262</b>	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
CID	<b>33263</b>	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system
CID	<b>33264</b>	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
CID	<b>33477</b>	Implantation of heart valve (pulmonary) to lungs, accessed through the skin
MRI	<b>70336</b>	M R I T M J
CT	<b>70450</b>	C T Head Without Contrast
CT	<b>70460</b>	C T Head With Contrast
CT	<b>70470</b>	C T Head Without & With Contrast
CT	<b>70480</b>	C T Orbit Without Contrast
CT	<b>70481</b>	C T Orbit With Contrast
CT	<b>70482</b>	C T Orbit Without & With Contrast
CT	<b>70486</b>	C T Maxillofacial Without Contrast
CT	<b>70487</b>	C T Maxillofacial With Contrast
CT	<b>70488</b>	C T Maxillofacial Without & With Contrast
CT	<b>70490</b>	C T Soft Tissue Neck Without Contrast
CT	<b>70491</b>	C T Soft Tissue Neck With Contrast
CT	<b>70492</b>	C T Soft Tissue Neck Without & With Contrast
CT	<b>70496</b>	C T Angiography Head
CT	<b>70498</b>	C T Angiography Neck
MRI	<b>70540</b>	M R I Orbit, Face, Neck and/or Without Contrast
MRI	<b>70542</b>	M R I Face, Orbit, Neck With Contrast
MRI	<b>70543</b>	M R I Face, Orbit, Neck With & Without Contrast
MRA	<b>70544</b>	M R A Head Without Contrast
MRA	<b>70545</b>	M R A Head With Contrast
MRA	<b>70546</b>	M R A Head With & Without Contrast
MRA	<b>70547</b>	M R A Neck Without Contrast

Category	CPT® Code	CPT® Code Description
MRA	70548	M R A Neck With Contrast
MRA	70549	M R A Neck With & Without Contrast
MRI	70551	M R I Head Without Contrast
MRI	70552	M R I Head With Contrast
MRI	70553	M R I Head With & Without Contrast
MRI	70554	MRI Brain, functional MRI
MRI	70555	MRI Brain, functional MRI, requiring physician
CT	71250	C T Thorax Without Contrast
CT	71260	C T Thorax With Contrast
CT	71270	C T Thorax Without & With Contrast
CT	71275	C T Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections,Including Image Postprocessing
MRI	71550	M R I Chest Without Contrast
MRI	71551	M R I Chest With Contrast
MRI	71552	M R I Chest With & Without Contrast
MRA	71555	M R A Chest (Excluding Myocardium) With Or Without Contrast
CT	72125	C T Cervical Spine Without Contrast
CT	72126	C T Cervical Spine With Contrast
CT	72127	C T Cervical Spine Without & With Contrast
CT	72128	C T Thoracic Spine Without Contrast
CT	72129	C T Thoracic Spine With Contrast
CT	72130	C T Thoracic Spine Without & With Contrast
CT	72131	C T Lumbar Spine Without Contrast
CT	72132	C T Lumbar Spine With Contrast
CT	72133	C T Lumbar Spine Without & With Contrast
MRI	72141	M R I Cervical Spine Without Contrast
MRI	72142	M R I Cervical Spine With Contrast
MRI	72146	M R I Thoracic Spine Without Contrast
MRI	72147	M R I Thoracic Spine With Contrast
MRI	72148	M R I Lumbar Spine Without Contrast
MRI	72149	M R I Lumbar Spine With Contrast
MRI	72156	M R I Cervical Spine With & Without Contrast
MRI	72157	M R I Thoracic Spine With & Without Contrast

Category	CPT® Code	CPT® Code Description
MRI	72158	M R I Lumbar Spine With & Without Contrast
MRA	72159	M R A Spinal Canal With Or Without Contrast
CT	72191	C T Angiography Pelvis
CT	72192	C T Pelvis Without Contrast
CT	72193	C T Pelvis With Contrast
CT	72194	C T Pelvis Without & With Contrast
MRI	72195	M R I Pelvis Without Contrast
MRI	72196	M R I Pelvis With Contrast
MRI	72197	M R I Pelvis With & Without Contrast
MRA	72198	M R A Pelvis With Or Without Contrast
CT	73200	C T Upper Extremity Without Contrast
CT	73201	C T Upper Extremity With Contrast
CT	73202	C T Upper Extremity Without & With Contrast
CT	73206	C T Angiography Upper Extremity
MRI	73218	M R I Upper Extremity Without Contrast
MRI	73219	M R I Upper Extremity With Contrast
MRI	73220	M R I Upper Extremity With & Without Contrast
MRI	73221	M R I Upper Extremity Joint Without Contrast
MRI	73222	M R I Upper Extremity Joint With Contrast
MRI	73223	M R I Upper Extremity Joint With & Without Contrast
MRA	73225	M R A Upper Extremity With Or Without Contrast
CT	73700	C T Lower Extremity Without Contrast
CT	73701	C T Lower Extremity With Contrast
CT	73702	C T Lower Extremity Without & With Contrast
CT	73706	C T Angiography Lower Extremity
MRI	73718	M R I Lower Extremity Without Contrast
MRI	73719	M R I Lower Extremity With Contrast
MRI	73720	M R I Lower Extremity With & Without Contrast
MRI	73721	M R I Lower Extremity Joint Without Contrast
MRI	73722	M R I Lower Extremity Joint With Contrast
MRI	73723	M R I Lower Extremity Joint With & Without Contrast
MRA	73725	M R A Lower Extremity With Or Without Contrast
CT	74150	C T Abdomen Without Contrast

Category	CPT® Code	CPT® Code Description
CT	<b>74160</b>	C T Abdomen With Contrast
CT	<b>74170</b>	C T Abdomen Without & With Contrast
CT	<b>74174</b>	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
CT	<b>74175</b>	C T Angiography Abdomen
CT	<b>74176</b>	C T Abdomen And Pelvis Without Contrast
CT	<b>74177</b>	CT Abdomen And Pelvis With Contrast
CT	<b>74178</b>	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
MRI	<b>74181</b>	M R I Abdomen Without Contrast
MRI	<b>74182</b>	M R I Abdomen With Contrast
MRI	<b>74183</b>	M R I Abdomen With & Without Contrast
MRA	<b>74185</b>	M R A Abdomen With Or Without Contrast
CT	<b>74261</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
CT	<b>74262</b>	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
CT	<b>74263</b>	Computed tomographic (CT) colonography, screening, including image postprocessing
MRI	<b>74712</b>	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
MRI	<b>74713</b>	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)
CMRI	<b>75557</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material
CMRI	<b>75559</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
CMRI	<b>75561</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
CMRI	<b>75563</b>	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
CMRI	<b>75565</b>	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)

Category	CPT® Code	CPT® Code Description
CCTA	<b>75571</b>	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
CCTA	<b>75572</b>	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)
CCTA	<b>75573</b>	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 lv cardiac function, rv structure and function and evaluation of venous structures, if performed)
CCTA	<b>75574</b>	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
CT	<b>75635</b>	C T Angiography Abdominal Aorta
3DI	<b>76376</b>	3D Rendering W/O Postprocessing
3DI	<b>76377</b>	3D Rendering W Postprocessing
CT	<b>76380</b>	C T Limited Or Localized Follow-Up Study
MRI	<b>76390</b>	M R I Spectroscopy
CT	<b>76497</b>	Unlisted computed tomography procedure
MRI	<b>76498</b>	Unlisted MRI Procedure
CT	<b>77012</b>	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
CT	<b>77014</b>	Ct Guide Plcmnt Radiation
MRI	<b>77021</b>	M R I Guidance For Needle Placement
MRI	<b>77022</b>	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
BMRI	<b>77058</b>	M R I Breast With And/Or Without Contrast
BMRI	<b>77059</b>	M R I Breast Bilateral
CT	<b>77078</b>	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton
MRI	<b>77084</b>	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
NUC MED	<b>78012</b>	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
NUC MED	<b>78013</b>	Thyroid imaging (including vascular flow, when performed)

Category	CPT® Code	CPT® Code Description
NUC MED	<b>78014</b>	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
NUC MED	<b>78015</b>	Thyroid Met Imaging
NUC MED	<b>78016</b>	Thyroid Met Imaging With Additional Studies
NUC MED	<b>78018</b>	Thyroid Scan Whole Body
NUC MED	<b>78020</b>	Thyroid Carcinoma Metastases Uptake
NUC MED	<b>78070</b>	Parathyroid planar imaging (including subtraction, when performed)
NUC MED	<b>78071</b>	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
NUC MED	<b>78072</b>	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
NUC MED	<b>78075</b>	Adrenal Nuclear Imaging
NUC MED	<b>78102</b>	Bone Marrow Imaging, Limited
NUC MED	<b>78103</b>	Bone Marrow Imaging, Multiple
NUC MED	<b>78104</b>	Bone Marrow Imaging, Whole Body
NUC MED	<b>78140</b>	Labeled Red Cell Sequestration
NUC MED	<b>78185</b>	Spleen Imaging With & Without Vascular Flow
NUC MED	<b>78195</b>	Lymph System Imaging
NUC MED	<b>78201</b>	Liver Imaging
NUC MED	<b>78202</b>	Liver Imaging With Flow
NUC MED	<b>78205</b>	Liver Imaging SPECT (3D)
NUC MED	<b>78206</b>	Liver Imaging SPECT With Vasulcar Flow
NUC MED	<b>78215</b>	Liver & Spleen Imaging
NUC MED	<b>78216</b>	Liver & Spleen Imaging With Flow
NUC MED	<b>78226</b>	Hepatobiliary system imaging, including gallbladder when present;
NUC MED	<b>78227</b>	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
NUC MED	<b>78230</b>	Salivary Gland Imaging
NUC MED	<b>78231</b>	Serial Salivary Gland
NUC MED	<b>78232</b>	Salivary Gland Function Exam
NUC MED	<b>78258</b>	Esophogus Motility Study
NUC MED	<b>78261</b>	Gastric Mucosa Imaging



Category	CPT® Code	CPT® Code Description
NUC MED	<b>78262</b>	Gastroesophageal Reflux Exam
NUC MED	<b>78264</b>	Gastric Emptying Study
NUC MED	<b>78265</b>	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
NUC MED	<b>78266</b>	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
NUC MED	<b>78278</b>	GI Bleeder Scan
NUC MED	<b>78290</b>	Meckels Diverticulum Imaging
NUC MED	<b>78291</b>	Leveen Shunt Patency Exam
NUC MED	<b>78300</b>	Bone Or Joint Imaging Limited
NUC MED	<b>78305</b>	Bone Or Joint Imaging Multiple
NUC MED	<b>78306</b>	Bone Scan Whole Body
NUC MED	<b>78315</b>	Bone Scan 3 Phase Study
NUC MED	<b>78320</b>	Bone Joint Imaging Tomo Test SPECT
NUC MED	<b>78414</b>	Non-Imaging Heart Function
NUC MED	<b>78428</b>	Cardiac Shunt Imaging
NUC MED	<b>78445</b>	Radionuclide Venogram Non-Cardiac
NUC CARD	<b>78451</b>	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)
NUC CARD	<b>78452</b>	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
NUC CARD	<b>78453</b>	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)
NUC CARD	<b>78454</b>	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
NUC MED	<b>78457</b>	Venous Thrombosis Imaging Unilateral
NUC MED	<b>78458</b>	Venous Thrombosis Images, Bilateral
CPET	<b>78459</b>	Myocardial imaging, positron emission tomography (pet), metabolic evaluation



Category	CPT® Code	CPT® Code Description
NUC MED	78466	Myocardial Infarction Scan
NUC MED	78468	Heart Infarct Image Ejection Fraction
NUC MED	78469	Heart Infarct Image 3D SPECT
NUC MED	78472	Cardiac Bloodpool Img, Single
NUC MED	78473	Cardiac Bloodpool Img, Multi
NUC MED	78481	Heart First Pass Single
NUC MED	78483	Cardiac Blood Pool Imaging -- Multiple
CPET	78491	Myocardial imaging, positron emission tomography (pet), perfusion; single study at rest or stress
CPET	78492	Myocardial imaging, positron emission tomography (pet), perfusion; multiple studies at rest and/or stress
NUC MED	78494	Cardiac Blood Pool Imaging , SPECT
NUC MED	78496	Cardiac Blood Pool Imaging - Single Study @ Rest
NUC MED	78499	Unlisted Cardiovascular Procedure
NUC MED	78579	Pulmonary ventilation imaging (eg, aerosol or gas)
NUC MED	78580	Pulmonary perfusion imaging (eg, particulate)
NUC MED	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
NUC MED	78585	Pulmonary Perfusion With Washout With Or Without Single Breath
NUC MED	78597	Quantitative differential pulmonary perfusion, including imaging when performed
NUC MED	78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
NUC MED	78600	Brain Imaging Limited Static
NUC MED	78601	Brain Limited Imaging And Flow
NUC MED	78605	Brain Imaging Complete
NUC MED	78606	Brain Imaging Complete With Flow
NUC MED	78607	Brain Imaging 3D
PET	78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation
PET	78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation
NUC MED	78610	Brain Flow Imaging Only
NUC MED	78630	Cisternogram (Cerebrospinal Fluid Flow)
NUC MED	78635	Cerebrospinal Ventriculography
NUC MED	78645	CSF Shunt Evaluation
NUC MED	78647	Cerebrospinal Fluid Scan (Tomographic) SPECT

Category	CPT® Code	CPT® Code Description
NUC MED	<b>78650</b>	C S F Leakage Detection And Localization
NUC MED	<b>78660</b>	Radiopharmaceutical Dacryocystography
Unlisted	<b>78699</b>	Unlisted Nuclear Medicine Procedure
NUC MED	<b>78700</b>	Kidney Imaging Morphology
NUC MED	<b>78701</b>	Kidney Imaging With Vascular Flow
NUC MED	<b>78707</b>	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention
NUC MED	<b>78708</b>	Kidney Imaging Single Study With Pharmacological Intervention
NUC MED	<b>78709</b>	Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention
NUC MED	<b>78710</b>	Kidney Imaging - Tomographic (SPECT)
NUC MED	<b>78725</b>	Kidney Function Study - Non-Imaging Radioisotopic
NUC MED	<b>78730</b>	Urinary Bladder Residual Study
NUC MED	<b>78740</b>	Ureteral Reflux Study
NUC MED	<b>78761</b>	Testicular Imaging With Vascular Flow
NUC MED	<b>78800</b>	Radiopharm Localization Of Tumor, Limited Area
NUC MED	<b>78801</b>	Radiopharm Localization Of Tumor, Multiple Areas
NUC MED	<b>78802</b>	Radiopharm Localization Of Tumor, Whole Body
NUC MED	<b>78803</b>	Radiopharm Localization Of Tumor Tomographic (SPECT)
NUC MED	<b>78804</b>	Radiopharm Localization Of Tumor, Whole Body
NUC MED	<b>78805</b>	Radiopharm Localization Of Abscess, Limited Area
NUC MED	<b>78806</b>	Radiopharm Localization Of Abscess, Whole Body
NUC MED	<b>78807</b>	Radiopharm Localization Of Abscess, Tomographic SPECT
PET	<b>78811</b>	Tumor Imaging, Positron Emission Tomography (Pet); Limited Area (Eg, Chest, Head/Neck)
PET	<b>78812</b>	Tumor Imaging, Positron Emission Tomography (Pet); Skull Base To Mid-Thigh
PET	<b>78813</b>	Positron Emission Tomography (Pet); Whole Body
PETCT	<b>78814</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Limited Area (Eg Chest, Head/Neck)
PETCT	<b>78815</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Skull Base To Mid-Thigh

Category	CPT® Code	CPT® Code Description
PETCT	<b>78816</b>	Tumor Imaging, Positron Emission Tomography (Pet) With Concurrently Acquired Computer Tomography (Ct) For Attenuation Correction And Anatomical Localization; Whole Body
ECHO	<b>93303</b>	Transthoracic echocardiography for congenital cardiac anomalies; complete
ECHO	<b>93304</b>	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
ECHO	<b>93306</b>	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
ECHO	<b>93307</b>	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete
ECHO	<b>93308</b>	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study
ECHO	<b>93312</b>	TEE 2D;Incl Probe Placement, Imaging/Interp/Report
ECHO	<b>93313</b>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
ECHO	<b>93314</b>	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
ECHO	<b>93315</b>	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
ECHO	<b>93316</b>	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
ECHO	<b>93317</b>	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
ECHO	<b>93318</b>	Echo transesophageal intraop
ECHO	<b>93320</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
ECHO	<b>93321</b>	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study
ECHO	<b>93325</b>	Doppler echocardiography color flow velocity mapping
XSE	<b>93350</b>	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report

Category	CPT® Code	CPT® Code Description
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
XSE	93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)
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, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
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 ventriculography, when performed
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 ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Category	CPT® Code	CPT® Code Description
DHC	<b>93460</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
DHC	<b>93461</b>	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
DHC	<b>93462</b>	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)
DHC	<b>93530</b>	RIGHT HEART CATHETERIZATION (CHD)
DHC	<b>93531</b>	RIGHT/LEFT HEART CATHETERIZATION (CHD)
DHC	<b>93532</b>	RIGHT/LEFT HEART CATHETERIZATION (CHD-TS)
DHC	<b>93533</b>	RIGHT/LEFT HEART CATHETERIZATION (CAD-ASD)
CT	<b>0042T</b>	CT Perfusion Brain
CT	<b>0159T</b>	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)
CID	<b>0319T</b>	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
CID	<b>0387T</b>	Implantation or replacement of permanent ventricular pacemaker
CID	<b>0388T</b>	Removal of permanent ventricular pacemaker
NUC CARD	<b>0399T</b>	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)
CPET	<b>0482T</b>	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)

Category	CPT® Code	CPT® Code Description
CCTA	<b>0501T</b>	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
CCTA	<b>0502T</b>	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission
CCTA	<b>0503T</b>	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
CCTA	<b>0504T</b>	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report
MRA	<b>C8900</b>	MRA Abdomen with contrast
MRA	<b>C8901</b>	MRA Abdomen without contrast
MRA	<b>C8902</b>	MRA Abdomen with and w/o contrast
MRI	<b>C8903</b>	MRI Breast w/ contrast, unilateral
MRI	<b>C8904</b>	MRI Breast w/o contrast, unilateral
MRI	<b>C8905</b>	MRI Breast w. and w/o contrast, unilateral
MRI	<b>C8906</b>	MRI Breast Bilateral W/ Contrast
MRI	<b>C8907</b>	MRI Breast Bilateral W/O Contrast
MRI	<b>C8908</b>	MRI Breast Bilateral W/ And W/O Contrast
MRA	<b>C8909</b>	MRA chest w/contrast (excluding myocardium)
MRA	<b>C8910</b>	MRA chest w/o contrast (excluding myocardium)
MRA	<b>C8911</b>	MRA chest (excluding myocardium)
MRA	<b>C8912</b>	MRA lower extremity w/ contrast

Category	CPT® Code	CPT® Code Description
MRA	<b>C8913</b>	MRA lower extremity w/o contrast
MRA	<b>C8914</b>	MRA lower extremity w/ and w/o contrast
MRA	<b>C8918</b>	MRA pelvis w/ contrast
MRA	<b>C8919</b>	MRA pelvis w/o contrast
MRA	<b>C8920</b>	MRA pelvis w/ and w/o contrast
ECHO	<b>C8921</b>	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete
ECHO	<b>C8922</b>	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study
ECHO	<b>C8923</b>	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete
ECHO	<b>C8924</b>	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study
ECHO	<b>C8928</b>	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording, during rest and cardiovascular stress test, w/interpretation and report
ECHO	<b>C8929</b>	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
ECHO	<b>C8930</b>	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
MRA	<b>C8931</b>	MRA, W/Dye, Spinal Canal
MRA	<b>C8932</b>	MRA, W/O Dye, Spinal Canal
MRA	<b>C8933</b>	MRA, W/O&W/Dye, Spinal Canal
MRA	<b>C8934</b>	MRA, W/Dye, Upper Extremity
MRA	<b>C8935</b>	MRA, W/O Dye, Upper Extr
MRA	<b>C8936</b>	MRA, W/O&W/Dye, Upper Extr
PET	<b>G0219</b>	Pet Imaging Whole Body; Melanoma For Non-Covered Indications
PET	<b>G0235</b>	Pet Imaging, Any Site, Not Otherwise Specified
PET	<b>G0252</b>	Pet Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer



Category	CPT® Code	CPT® Code Description
CT	<b>G0297</b>	Low-dose Computed Tomography For Lung Cancer Screening
MRI	<b>S8037</b>	Magnetic resonance cholangiopancreato-graphy (MRCP)
MRI	<b>S8042</b>	Magnetic Resonance Imaging (Mri), Low-Field
CT	<b>S8080</b>	Scintimammography (Radioimmunoscintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical
PET	<b>S8085</b>	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated Pet Scan)
CT	<b>S8092</b>	Electron Beam Computed Tomography (Also Known As Ultrafast Ct, Cinet)
Cardiology	<b>93965</b>	NON-INVASIVE PHYSIOLOGIC STUDI

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### Prominence Health Plan: Lab Claims CPT Code List

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81105	HPA-1 genotyping gene analysis common variant	
Laboratory	81106	HPA-2 genotyping gene analysis common variant	
Laboratory	81107	HPA-3 genotyping gene analysis common variant	
Laboratory	81108	HPA-4 genotyping gene analysis common variant	
Laboratory	81109	HPA-5 genotyping gene analysis common variant	
Laboratory	81110	HPA-6 genotyping gene analysis common variant	
Laboratory	81111	HPA-9 genotyping gene analysis common variant	
Laboratory	81112	HPA-15 genotyping gene analysis common variant	
Laboratory	81120	IDH1 common variants	
Laboratory	81121	IDH2 common variants	
Laboratory	81161	DMD DUPLICATION/DELETION ANALYSIS	
Laboratory	81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	Y
Laboratory	81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	
Laboratory	81175	ASXL1 gene analysis full gene sequence	
Laboratory	81176	ASXL1 gene analysis targeted seq sequence	
Laboratory	81200	ASPA GENE ANALYSIS COMMON VARIANTS	
Laboratory	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Y
Laboratory	81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Y
Laboratory	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	
Laboratory	81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	
Laboratory	81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	
Laboratory	81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	
Laboratory	81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	
Laboratory	81210	BRAF GENE ANALYSIS V600 VARIANT(S)	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81211	BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA	Y
Laboratory	81212	BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT	Y
Laboratory	81213	BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS	Y
Laboratory	81214	BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS	Y
Laboratory	81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Y
Laboratory	81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Y
Laboratory	81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	
Laboratory	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	
Laboratory	81220	CFTR GENE ANALYSIS COMMON VARIANTS	
Laboratory	81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Y
Laboratory	81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Y
Laboratory	81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	
Laboratory	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Y
Laboratory	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	Y
Laboratory	81230	CYP3A4 gene analysis common variants	Y
Laboratory	81231	CYP3A5 gene analysis common variants	Y
Laboratory	81232	DYPD gene analysis common variants	Y
Laboratory	81235	EGFR GENE ANALYSIS COMMON VARIANTS	
Laboratory	81238	F9 full gene sequence	Y
Laboratory	81240	F2 GENE ANALYSIS 20210G >A VARIANT	
Laboratory	81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	
Laboratory	81242	FANCC GENE ANALYSIS COMMON VARIANT	
Laboratory	81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	
Laboratory	81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	
Laboratory	81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	
Laboratory	81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	
Laboratory	81247	G6PD gene analysis common variants	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81248	G6PD gene analysis familial variants	
Laboratory	81249	G6PD gene analysis full gene sequence	Y
Laboratory	81250	G6PC GENE ANALYSIS COMMON VARIANTS	
Laboratory	81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	
Laboratory	81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	
Laboratory	81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81254	GJB6 GENE ANALYSIS COMMON VARIANTS	
Laboratory	81255	HEXA GENE ANALYSIS COMMON VARIANTS	
Laboratory	81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	
Laboratory	81257	HBA1/HBA2 gene analysis common deletions/variant	Y
Laboratory	81258	HBA1/HBA 2 gene analysis known familial variant	
Laboratory	81259	HBA1/HBA 2 gene analysis full gene sequence	Y
Laboratory	81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	
Laboratory	81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	
Laboratory	81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	
Laboratory	81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	
Laboratory	81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	
Laboratory	81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	
Laboratory	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	
Laboratory	81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	
Laboratory	81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	
Laboratory	81269	HBA1/HBA 2 gene analysis dup/del variants	Y
Laboratory	81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	
Laboratory	81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	
Laboratory	81273	KIT GENE ANALYSIS D816 VARIANT(S)	
Laboratory	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	
Laboratory	81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	
Laboratory	81281	LONG QT SYNDROME GENE ANALYSIS FOR DETECTION OF KNOWN FAMILIAL SEQUENCE VARIANT	
Laboratory	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Y
Laboratory	81287	MGMT METHYLATION ANALYSIS	Y

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	
Laboratory	81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	
Laboratory	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Y
Laboratory	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Y
Laboratory	81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	Y
Laboratory	81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	
Laboratory	81302	MECP2 GENE ANALYSIS FULL SEQUENCE	
Laboratory	81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
Laboratory	81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	
Laboratory	81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	
Laboratory	81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	
Laboratory	81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Y
Laboratory	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	
Laboratory	81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	
Laboratory	81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	
Laboratory	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Y
Laboratory	81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	
Laboratory	81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Y
Laboratory	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	
Laboratory	81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	Y
Laboratory	81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	
Laboratory	81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y
Laboratory	81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	
Laboratory	81327	SEPT9 METHYLATION ANALYSIS	Y

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81328	SLCO1B1 gene analysis common variants	Y
Laboratory	81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	
Laboratory	81331	SNRPN/UBE3A METHYLATION ANALYSIS	
Laboratory	81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	
Laboratory	81334	RUNX1 gene analysis targeted sequence analysis	
Laboratory	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Y
Laboratory	81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	
Laboratory	81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	
Laboratory	81342	TRG@ GENE REARRANGEMENT ANALYSIS	
Laboratory	81346	TYMS gene analysis common variants	Y
Laboratory	81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	
Laboratory	81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	Y
Laboratory	81361	HBB common variants	Y
Laboratory	81362	HBB known familial variants	
Laboratory	81363	HBB duplication/deletion variants	Y
Laboratory	81364	HBB full gene sequence	Y
Laboratory	81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	
Laboratory	81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	
Laboratory	81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	
Laboratory	81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	
Laboratory	81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	
Laboratory	81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	
Laboratory	81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	
Laboratory	81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	
Laboratory	81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	
Laboratory	81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	
Laboratory	81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	
Laboratory	81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	
Laboratory	81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	
Laboratory	81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	
Laboratory	81400	Molecular pathology procedure level 1	Y

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81401	Molecular pathology procedure level 2	Y
Laboratory	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Y
Laboratory	81403	Molecular pathology procedure level 4	Y
Laboratory	81404	Molecular pathology procedure level 5	Y
Laboratory	81405	Molecular pathology procedure level 6	Y
Laboratory	81406	Molecular pathology procedure level 7	Y
Laboratory	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Y
Laboratory	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Y
Laboratory	81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Y
Laboratory	81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Y
Laboratory	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Y
Laboratory	81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	Y
Laboratory	81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	Y
Laboratory	81415	EXOME SEQUENCE ANALYSIS	Y
Laboratory	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Y
Laboratory	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Y
Laboratory	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	
Laboratory	81422	FETAL CHROMOSOMAL MICRODELTA GENOMIC SEQ ANALYS	Y
Laboratory	81425	GENOME SEQUENCE ANALYSIS	Y
Laboratory	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Y
Laboratory	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Y
Laboratory	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Y
Laboratory	81431	HEARING LOSS DUP/DEL ANALYSIS	Y
Laboratory	81432	Hereditary brst ca-related gen seq analys 10 gen	Y
Laboratory	81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Y
Laboratory	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Y
Laboratory	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Y
Laboratory	81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	Y
Laboratory	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Y
Laboratory	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Y
Laboratory	81439	Hereditary cardiomyopathy gen seq analys 5 gen	Y
Laboratory	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Y



Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Y
Laboratory	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Y
Laboratory	81448	Hereditary peripheral neuropathy gen seq pnl	Y
Laboratory	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Y
Laboratory	81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	Y
Laboratory	81460	WHOLE MITOCHONDRIAL GENOME	Y
Laboratory	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Y
Laboratory	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Y
Laboratory	81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	Y
Laboratory	81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	Y
Laboratory	81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS	Y
Laboratory	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Y
Laboratory	81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	
Laboratory	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	
Laboratory	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Y
Laboratory	81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	
Laboratory	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	
Laboratory	81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	
Laboratory	81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	
Laboratory	81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	
Laboratory	81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	
Laboratory	81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	
Laboratory	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Y
Laboratory	81520	Onc breast mRNA gene xprsn prfl hybrd 58 genes	Y
Laboratory	81521	Onc breast mRNA microra gene xprsn prfl 70 genes	Y
Laboratory	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Y
Laboratory	81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Y
Laboratory	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	Y
Laboratory	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	Y
Laboratory	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Y
Laboratory	81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Y
Laboratory	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Y

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	81541	ONC prst8 mrna gene xprsn prfl rt-pcr 46 genes	Y
Laboratory	81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	Y
Laboratory	81551	ONC prst8 prmtr methylation prfl r-t pcr 3 genes	Y
Laboratory	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Y
Laboratory	81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Y
Laboratory	84999	UNLISTED CHEMISTRY PROCEDURE	Y
Laboratory	86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	
Laboratory	86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	
Laboratory	87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	
Laboratory	87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	
Laboratory	87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	
Laboratory	87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	
Laboratory	87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	
Laboratory	87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	
Laboratory	87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	
Laboratory	87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	
Laboratory	87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	
Laboratory	87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	
Laboratory	87482	IADNA CANDIDA SPECIES QUANTIFICATION	
Laboratory	87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	
Laboratory	87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	
Laboratory	87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	
Laboratory	87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	
Laboratory	87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	
Laboratory	87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	
Laboratory	87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	
Laboratory	87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	
Laboratory	87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	
Laboratory	87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	
Laboratory	87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	
Laboratory	87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	
Laboratory	87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	
Laboratory	87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	
Laboratory	87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	
Laboratory	87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	
Laboratory	87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	
Laboratory	87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	
Laboratory	87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	
Laboratory	87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	
Laboratory	87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	
Laboratory	87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	
Laboratory	87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	
Laboratory	87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	
Laboratory	87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	
Laboratory	87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	
Laboratory	87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	
Laboratory	87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	
Laboratory	87527	IADNA HEPATITIS G QUANTIFICATION	
Laboratory	87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	
Laboratory	87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	
Laboratory	87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	
Laboratory	87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	
Laboratory	87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	
Laboratory	87533	IADNA HERPES VIRUS-6 QUANTIFICATION	
Laboratory	87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	
Laboratory	87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	
Laboratory	87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	
Laboratory	87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	
Laboratory	87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	
Laboratory	87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	
Laboratory	87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	
Laboratory	87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	
Laboratory	87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	
Laboratory	87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	
Laboratory	87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	
Laboratory	87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	
Laboratory	87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	
Laboratory	87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	
Laboratory	87560	IADNA MYCOBACTERIA AVIUM-INTRA CLRE DIR PRB	
Laboratory	87561	IADNA MYCOBACTERIA AVIUM-INTRA CLRE AMP PRB	
Laboratory	87562	IADNA MYCOBACTERIA AVIUM-INTRA CELLULARE QUANT	
Laboratory	87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	
Laboratory	87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	
Laboratory	87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	
Laboratory	87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	
Laboratory	87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	
Laboratory	87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	
Laboratory	87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	
Laboratory	87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	
Laboratory	87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	
Laboratory	87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	
Laboratory	87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	
Laboratory	87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	
Laboratory	87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	
Laboratory	87640	IADNA S AUREUS AMPLIFIED PROBE TQ	
Laboratory	87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	
Laboratory	87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	
Laboratory	87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	
Laboratory	87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	
Laboratory	87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	
Laboratory	87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	
Laboratory	87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	
Laboratory	87662	Zika virus igm antibody	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	
Laboratory	87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	
Laboratory	87799	IADNA NOS QUANTIFICATION EACH ORGANISM	
Laboratory	87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	
Laboratory	87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	
Laboratory	87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	
Laboratory	87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	
Laboratory	87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	
Laboratory	87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	
Laboratory	87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	
Laboratory	87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	
Laboratory	87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	
Laboratory	87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	
Laboratory	88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	
Laboratory	88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	
Laboratory	88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	
Laboratory	88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	
Laboratory	88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	
Laboratory	88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	
Laboratory	88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	
Laboratory	88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	
Laboratory	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	
Laboratory	88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	
Laboratory	88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	
Laboratory	88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	
Laboratory	88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	
Laboratory	88239	TISS CUL NEO DISORDERS SOLID TUMOR	
Laboratory	88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	
Laboratory	88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	
Laboratory	88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	
Laboratory	88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	
Laboratory	88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	
Laboratory	88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	
Laboratory	88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	
Laboratory	88264	CHRMSM ANALYZE 20-25 CELLS	
Laboratory	88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	
Laboratory	88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	
Laboratory	88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	
Laboratory	88272	MOLECULAR CYTOGENETICS CHROMML ISH 3-5 CELLS	
Laboratory	88273	MOLECULAR CYTOGENETICS CHROMML ISH 10-30 CLL	
Laboratory	88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	
Laboratory	88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	
Laboratory	88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	
Laboratory	88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	
Laboratory	88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	
Laboratory	88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	
Laboratory	88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	
Laboratory	88299	UNLISTED CYTOGENETIC STUDY	
Laboratory	88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	
Laboratory	88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	
Laboratory	88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	
Laboratory	88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	
Laboratory	88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBODY CMPTR ASST	
Laboratory	88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	
Laboratory	88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	
Laboratory	88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	
Laboratory	88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	
Laboratory	88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	
Laboratory	88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	
Laboratory	88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	
Laboratory	88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	
Laboratory	88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	
Laboratory	88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	



Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	<b>88381</b>	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	
Laboratory	<b>88387</b>	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	
Laboratory	<b>88388</b>	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	
Laboratory	<b>0001M</b>	INFECTIOUS DIS HCV 6 ASSAYS	
Laboratory	<b>0001U</b>	RBC DNA HEA 35 AG 11 BLD GRP	Y
Laboratory	<b>0002M</b>	LIVER DIS 10 ASSAYS W/ASH	
Laboratory	<b>0003M</b>	LIVER DIS 10 ASSAYS W/NASH	
Laboratory	<b>0004M</b>	SCOLIOSIS DNA ALYS	Y
Laboratory	<b>0005U</b>	ONCO PRST8 3 GENE UR ALG	Y
Laboratory	<b>0006M</b>	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Y
Laboratory	<b>0007M</b>	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Y
Laboratory	<b>0008U</b>	HPYLORI DETCJ ABX RSTNC DNA	
Laboratory	<b>0009M</b>	FETAL ANEUPLOIDY, T21 AND T18	
Laboratory	<b>0009U</b>	ONC BRST CA ERBB2 AMP/NONAMP	
Laboratory	<b>0010U</b>	NFCT DS STRN TYP WHL GEN SEQ	
Laboratory	<b>0011M</b>	PR CA MRNA 12 G BL PLSM UR ALG	Y
Laboratory	<b>0012M</b>	UROTH CA RISK MRNA 5 G UR ALG	Y
Laboratory	<b>0012U</b>	GERMLN DO GENE REARGMT DETCJ	Y
Laboratory	<b>0013M</b>	UROTH CA RECR MRNA 5 G UR ALG	Y
Laboratory	<b>0013U</b>	ONC SLD ORG NEO GENE REARGMT	Y
Laboratory	<b>0014U</b>	HEM HMTLMF NEO GENE REARGMT	Y
Laboratory	<b>0016U</b>	ONC HMTLMF NEO RNA BCR/ABL1	
Laboratory	<b>0017U</b>	ONC HMTLMF NEO JAK2 MUT DNA	
Laboratory	<b>0018U</b>	ThyraMIR, Interpace Diagnostics	Y
Laboratory	<b>0019U</b>	OncoTarget/ OncoTreat, Columbia University Department of Pathology and Cell Biology, Darwin Health	Y
Laboratory	<b>0022U</b>	Oncomine™ Dx, Target Test, Thermo Fisher Scientific	Y
Laboratory	<b>0023U</b>	LeukoStrat® CDx FLT3 Mutation Assay, LabPMM LLC, an Invivoscribe Technologies Inc. company	
Laboratory	<b>0026U</b>	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS	Y
Laboratory	<b>0027U</b>	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	
Laboratory	<b>0028U</b>	CYP2D6 GENE COPY NUMBER CMN VRNTS TRGT SEQ ALYS	Y



Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	0029U	RX METAB ADVRS RX RXN & RSPSE TRGT SEQ ALYS	Y
Laboratory	0030U	RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS	Y
Laboratory	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	0032U	COMT GENE ANALYSIS C.472G>A VARIANT	Y
Laboratory	0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	0034U	TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS	Y
Laboratory	0036U	XOME TUM & NML SPEC SEQ ALYS	Y
Laboratory	0037U	TRGT GEN SEQ DNA 324 GENES	Y
Laboratory	0040U	BCR/ABL1 GENE MAJOR BP QUAN	
Laboratory	0045U	ONC BRST DUX CARC IS 12 GENE	Y
Laboratory	0046U	FLT3 GENE ITD VARIANTS QUAN	
Laboratory	0047U	ONC PRST8 MRNA 17 GENE ALG	Y
Laboratory	0048U	ONC SLD ORG NEO DNA 468 GENE	Y
Laboratory	0049U	NPM1 GENE ANALYSIS QUAN	
Laboratory	0050U	TRGT GEN SEQ DNA 194 GENES	Y
Laboratory	0053U	ONC PRST8 CA FISH ALYS 4 GEN	Y
Laboratory	0055U	CARD HRT TRNSPL 96 DNA SEQ	Y
Laboratory	0056U	HEM AML DNA GENE REARGMT	Y
Laboratory	0057U	ONC SLD ORG NEO MRNA 51 GENE	Y
Laboratory	0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Y
Laboratory	0067U	ONC BRST IMHCHEM PRFL 4 BMRK	Y
Laboratory	0068U	CANDIDA SPECIES PNL AMP PRB	
Laboratory	0069U	ONC CLRCT MICRORNA MIR-31-3P	Y
Laboratory	0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Y
Laboratory	0071U	CYP2D6 FULL GENE SEQUENCE	Y
Laboratory	0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	Y
Laboratory	0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	Y
Laboratory	0074U	CYP2D6 NONDUPLICATED GENE	Y
Laboratory	0075U	CYP2D6 5' GENE DUP/MLT	Y
Laboratory	0076U	CYP2D6 3' GENE DUP/MLT	Y
Laboratory	0078U	PAIN MGT OPI USE GNOTYP PNL	Y
Laboratory	0079U	CMPRTV DNA ALYS MLT SNPS	Y

Product	CPT® Code	CPT® Code Description	Y= Also Requires PA
Laboratory	<b>0500T</b>	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported highrisk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	
Laboratory	<b>G0452</b>	MOLECULAR PATHOLOGY INTERPR	
Laboratory	<b>G0476</b>	HPV COMBO ASSAY CA SCREEN	
Laboratory	<b>G9143</b>	WARFARIN RESPONSIVENESS TESTING	Y
Laboratory	<b>S3722</b>	DOSE OPTIMIZATION AUC - 5FU	
Laboratory	<b>S3800</b>	GENETIC TESTING ALS	Y
Laboratory	<b>S3840</b>	DNA ANALYSIS RET-ONCOGENE	Y
Laboratory	<b>S3841</b>	GENE TEST RETINOBLASTOMA	Y
Laboratory	<b>S3842</b>	GENE TEST HIPPEL-LINDAU	Y
Laboratory	<b>S3844</b>	DNA ANALYSIS DEAFNESS	
Laboratory	<b>S3845</b>	GENE TEST ALPHA-THALASSEMIA	Y
Laboratory	<b>S3846</b>	GENE TEST BETA-THALASSEMIA	Y
Laboratory	<b>S3849</b>	GENE TEST NIEMANN-PICK	
Laboratory	<b>S3850</b>	GENE TEST SICKLE CELL	
Laboratory	<b>S3852</b>	DNA ANALYSIS APOE ALZHEIMER	Y
Laboratory	<b>S3853</b>	GENE TEST MYO MUSCLR DYST	
Laboratory	<b>S3854</b>	GENE PROFILE PANEL BREAST	Y
Laboratory	<b>S3861</b>	GENETIC TEST BRUGADA	Y
Laboratory	<b>S3865</b>	COMP GENET TEST HYP CARDIOMY	Y
Laboratory	<b>S3866</b>	SPEC GENE TEST HYP CARDIOMY	Y
Laboratory	<b>S3870</b>	CGH TEST DEVELOPMENTAL DELAY	Y

\*\* Some of the codes listed require Prior Authorization.

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\*\*Code(s) under management are subject to change. Please regularly consult the website or current documents.

## Prominence Health Plan: Comprehensive CPT Code List

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J0202	Alemtuzumab	Campath	INJECTABLE
Medical Oncology	J0640	Leucovorin - inj		INJECTABLE
Medical Oncology	J0641	Levoleucovorin	Fusilev	INJECTABLE
Medical Oncology	J0894	Decitabine	Dacogen	INJECTABLE
Medical Oncology	J1930	Lanreotide	Sumatuline Depot	INJECTABLE
Medical Oncology	J2353	Octreotide depot	Sandostatin	INJECTABLE
Medical Oncology	J2354	Octreotide non-depot	Sandostatin	INJECTABLE
Medical Oncology	J3315	Triptorelin Pamoate	Trelstar	INJECTABLE
Medical Oncology	J3490	Atezolizumab	Tecentriq	INJECTABLE
Medical Oncology	J3490	Bendamustine HCL	Bendeka	INJECTABLE
Medical Oncology	J3490	Daratumumab	Darzalex	INJECTABLE
Medical Oncology	J3490	Dinutuximab	Unituxin	INJECTABLE
Medical Oncology	J3490	Elotuzumab	Empliciti	INJECTABLE
Medical Oncology	J3490	Irinotecan Liposome	Onivyde	INJECTABLE
Medical Oncology	J3490	Necitumumab	Portrazza	INJECTABLE
Medical Oncology	J3490	Peginterferon, alfa-2a	Pegasys	INJECTABLE
Medical Oncology	J3490	Peginterferon, alfa-2b	PegIntron	INJECTABLE
Medical Oncology	J3490	Talimogene Laherparepvec	Imlygic	INJECTABLE
Medical Oncology	J3490	Trabectedin	Yondelis	INJECTABLE

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J3490	5-Fluorouracil - topical	5FU Cream	TOPICAL
Medical Oncology	J3490	Bexarotene - topical	Targretin gel	TOPICAL
Medical Oncology	J3490	Imiquimod - topical	Aldara	TOPICAL
Medical Oncology	J8499	Fluoxymesterone - oral	Androxy	ORAL
Medical Oncology	J8510	Busulfan - oral	Myleran	ORAL
Medical Oncology	J8520	Capecitabine - oral	Xeloda	ORAL
Medical Oncology	J8560	Etoposide - oral	Toposar	ORAL
Medical Oncology	J8565	Gefitinib - oral	Iressa	ORAL
Medical Oncology	J8600	Melphalan - oral	Alkeran	ORAL
Medical Oncology	J8700	Temozolomide - oral	Temodar	ORAL
Medical Oncology	J8705	Topotecan - oral	Hycamtin	ORAL
Medical Oncology	J8999	Abiraterone Acetate - oral	Zytiga	ORAL
Medical Oncology	J8999	Afatinib - oral	Gilotrif	ORAL
Medical Oncology	J8999	Alectinib - oral	Alecensa	ORAL
Medical Oncology	J8999	All-trans Retinoic Acid - oral	Vesanoid	ORAL
Medical Oncology	J8999	Altretamine - oral	Hexalen	ORAL
Medical Oncology	J8999	Axitinib - oral	Inlyta	ORAL
Medical Oncology	J8999	Bexarotene - oral	Targretin	ORAL
Medical Oncology	J8999	Bosutinib - oral	Bosulif	ORAL
Medical Oncology	J8999	Cabozantinib - oral	Cabometyx	ORAL
Medical Oncology	J8999	Cabozantinib - oral	Cometriq	ORAL
Medical Oncology	J8999	Ceritinib - oral	Zykadia	ORAL
Medical Oncology	J8999	Chlorambucil - oral	Leukeran	ORAL
Medical Oncology	J8999	Cobimetinib - oral	Cotellic	ORAL
Medical Oncology	J8999	Crizotinib - oral	Xalkori	ORAL
Medical Oncology	J8999	Dabrafenib - oral	Tafinlar	ORAL
Medical Oncology	J8999	Dasatinib - oral	Sprycel	ORAL
Medical Oncology	J8999	Enzalutamide - oral	Xtandi	ORAL
Medical Oncology	J8999	Erlotinib - oral	Tarceva	ORAL

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J8999	Estramustine - oral	Emcyt	ORAL
Medical Oncology	J8999	Everolimus - oral	Afinitor	ORAL
Medical Oncology	J8999	Ibrutinib - oral	Imbruvica	ORAL
Medical Oncology	J8999	Idelalisib - oral	Zydelig	ORAL
Medical Oncology	J8999	Imatinib - oral	Gleevec	ORAL
Medical Oncology	J8999	Ixazomib - oral	Ninlaro	ORAL
Medical Oncology	J8999	Lapatinib - oral	Tykerb	ORAL
Medical Oncology	J8999	Lenalidomide - oral	Revlimid	ORAL
Medical Oncology	J8999	Lenvatinib - oral	Lenvima	ORAL
Medical Oncology	J8999	Leucovorin - oral		ORAL
Medical Oncology	J8999	Mitotane - oral	Lysodren	ORAL
Medical Oncology	J8999	Nilotinib - oral	Tasigna	ORAL
Medical Oncology	J8999	Olaparib - oral	Lynparza	ORAL
Medical Oncology	J8999	Osimertinib - oral	Tagrisso	ORAL
Medical Oncology	J8999	Palbociclib - oral	Ibrance	ORAL
Medical Oncology	J8999	Panobinostat - oral	Farydak	ORAL
Medical Oncology	J8999	Pazopanib - oral	Votrient	ORAL
Medical Oncology	J8999	Pomalidomide - oral	Pomalyst	ORAL
Medical Oncology	J8999	Ponatinib - oral	Iclusig	ORAL
Medical Oncology	J8999	Procarbazine - oral	Matulane	ORAL
Medical Oncology	J8999	Raloxifene - oral	Evista	ORAL
Medical Oncology	J8999	Regorafenib - oral	Stivarga	ORAL
Medical Oncology	J8999	Ruxolitinib - oral	Jakafi	ORAL
Medical Oncology	J8999	Sonidegib - oral	Odomzo	ORAL
Medical Oncology	J8999	Sorafenib Tosylate - oral	Nexavar	ORAL
Medical Oncology	J8999	Sunitinib - oral	Sutent	ORAL
Medical Oncology	J8999	Thalidomide - oral	Thalomid	ORAL
Medical Oncology	J8999	Thioguanine - oral	Tabloid	ORAL
Medical Oncology	J8999	Toremifene Citrate - oral	Fareston	ORAL
Medical Oncology	J8999	Trametinib - oral	Mekinist	ORAL
Medical Oncology	J8999	Trifluridine/Tipiracil - oral	Lonsurf	ORAL

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J8999	Vandetanib - oral	Caprelsa	ORAL
Medical Oncology	J8999	Vemurafenib - oral	Zelboraf	ORAL
Medical Oncology	J8999	Venetoclax - oral	Venclexta	ORAL
Medical Oncology	J8999	Vismodegib - oral	Erivedge	ORAL
Medical Oncology	J8999	Vorinostat - oral	Zolinza	ORAL
Medical Oncology	J9000	Doxorubicin HCL	Adriamycin	INJECTABLE
Medical Oncology	J9015	Aldesleukin	Proleukin	INJECTABLE
Medical Oncology	J9017	Arsenic Trioxide	Trisenox	INJECTABLE
Medical Oncology	J9019	Asparaginase	Erwinaze	INJECTABLE
Medical Oncology	J9025	Azacitidine	Vidaza	INJECTABLE
Medical Oncology	J9027	Clofarabine	Clolar	INJECTABLE
Medical Oncology	J9031	BCG	TheraCys	INJECTABLE
Medical Oncology	J9032	Belinostat	Beleodaq	INJECTABLE
Medical Oncology	J9033	Bendamustine	Treanda	INJECTABLE
Medical Oncology	J9035	Bevacizumab	Avastin	INJECTABLE
Medical Oncology	J9039	Blinatumomab	Blinicyto	INJECTABLE
Medical Oncology	J9040	Bleomycin	Blenoxane	INJECTABLE
Medical Oncology	J9041	Bortezomib	Velcade	INJECTABLE
Medical Oncology	J9042	Brentuximab Vedotin	Adcetris	INJECTABLE
Medical Oncology	J9043	Cabazitaxel	Jevtana	INJECTABLE
Medical Oncology	J9045	Carboplatin	Paraplatin	INJECTABLE
Medical Oncology	J9047	Carfilzomib	Kyprolis	INJECTABLE
Medical Oncology	J9050	Carmustine	BiCNU	INJECTABLE
Medical Oncology	J9055	Cetuximab	Erbitux	INJECTABLE
Medical Oncology	J9060	Cisplatin	Platinol	INJECTABLE
Medical Oncology	J9098	Cytarabine-Liposome	DepoCyt	INJECTABLE
Medical Oncology	J9100	Cytarabine	Ara-C	INJECTABLE
Medical Oncology	J9120	Dactinomycin	Cosmegen	INJECTABLE
Medical Oncology	J9130	Dacarbazine	DTIC-Dome	INJECTABLE
Medical Oncology	J9150	Daunorubicin	Cerubidine	INJECTABLE
Medical Oncology	J9151	Daunorubicin Citrate Liposomal	Daunoxome	INJECTABLE
Medical Oncology	J9155	Degarelix	Firmagon	INJECTABLE
Medical Oncology	J9171	Docetaxel	Taxotere	INJECTABLE

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J9175	Elliotts; B solution		INJECTABLE
Medical Oncology	J9178	Epirubicin	Ellence	INJECTABLE
Medical Oncology	J9179	Eribulin mesylate	Halaven	INJECTABLE
Medical Oncology	J9181	Etoposide - inj	Toposar	INJECTABLE
Medical Oncology	J9185	Fludarabine Phosphate	Fludara	INJECTABLE
Medical Oncology	J9190	5-Fluorouracil	5FU	INJECTABLE
Medical Oncology	J9200	Floxuridine	FUDR	INJECTABLE
Medical Oncology	J9201	Gemcitabine	Gemzar	INJECTABLE
Medical Oncology	J9202	Goserelin acetate implant	Zoladex	INJECTABLE
Medical Oncology	J9206	Irinotecan	Camptosar	INJECTABLE
Medical Oncology	J9207	Ixabepilone	Ixempra	INJECTABLE
Medical Oncology	J9208	Ifosfamide	Ifex	INJECTABLE
Medical Oncology	J9209	Mesna	Mesnex	INJECTABLE
Medical Oncology	J9211	Idarubicin HCL - inj	Idamycin	INJECTABLE
Medical Oncology	J9214	Interferon, alfa-2b, recombinant	Intron A	INJECTABLE
Medical Oncology	J9216	Interferon, gamma-1b	Actimmune	INJECTABLE
Medical Oncology	J9217	Leuprolide Acetate	Eligard	INJECTABLE
Medical Oncology	J9225	Histrelin Implant	Vantas	INJECTABLE
Medical Oncology	J9228	Ipilimumab	Yervoy	INJECTABLE
Medical Oncology	J9230	Mechlorethamine HCL	Mustragen	INJECTABLE
Medical Oncology	J9245	Melphalan HCL - inj	Alkeran	INJECTABLE
Medical Oncology	J9261	Nelarabine	Arranon	INJECTABLE
Medical Oncology	J9262	Omacetaxine	Synribo	INJECTABLE
Medical Oncology	J9263	Oxaliplatin	Eloxatin	INJECTABLE
Medical Oncology	J9264	Paclitaxel (albumin-bound)	Abraxane	INJECTABLE
Medical Oncology	J9266	Pegaspargase	Oncaspar	INJECTABLE
Medical Oncology	J9267	Paclitaxel	Nov-Onxol	INJECTABLE
Medical Oncology	J9268	Pentostatin	Nipent	INJECTABLE
Medical Oncology	J9271	Pembrolizumab	Keytruda	INJECTABLE
Medical Oncology	J9280	Mitomycin	Mutamycin	INJECTABLE
Medical Oncology	J9293	Mitoxantrone HCL	Novantrone	INJECTABLE



Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
Medical Oncology	J9299	Nivolumab	Opdivo	INJECTABLE
Medical Oncology	J9301	Obinutuzumab	Gazyva	INJECTABLE
Medical Oncology	J9302	Ofatumumab	Arzerra	INJECTABLE
Medical Oncology	J9303	Panitumumab	Vectibix	INJECTABLE
Medical Oncology	J9305	Pemetrexed	Alimta	INJECTABLE
Medical Oncology	J9306	Pertuzumab	Perjeta	INJECTABLE
Medical Oncology	J9307	Pralatrexate	Folotyn	INJECTABLE
Medical Oncology	J9308	Ramucirumab	Cyramza	INJECTABLE
Medical Oncology	J9310	Rituximab	Rituxin	INJECTABLE
Medical Oncology	J9315	Romidepsin	Istodax	INJECTABLE
Medical Oncology	J9320	Streptozocin	Zanosar	INJECTABLE
Medical Oncology	J9328	Temozolomide - inj	Temodar	INJECTABLE
Medical Oncology	J9330	Temsirolimus	Torisel	INJECTABLE
Medical Oncology	J9340	Thiotepa	Thioplex	INJECTABLE
Medical Oncology	J9351	Topotecan - inj	Hycamtin	INJECTABLE
Medical Oncology	J9354	Ado-Trastuzumab Emtansine	Kadcyla	INJECTABLE
Medical Oncology	J9355	Trastuzumab	Herceptin	INJECTABLE
Medical Oncology	J9357	Valrubicin	Valstar	INJECTABLE
Medical Oncology	J9360	Vinblastine Sulfate	Velban	INJECTABLE
Medical Oncology	J9370	Vincristine Sulfate	Oncovin	INJECTABLE
Medical Oncology	J9371	Vincristine Sulfate Liposome	Marqibo	INJECTABLE
Medical Oncology	J9390	Vinorelbine Tartrate	Navelbine	INJECTABLE
Medical Oncology	J9395	Fulvestrant	Faslodex	INJECTABLE
Medical Oncology	J9400	Zivafibercept	Zaltrap	INJECTABLE
Medical Oncology	J9600	Porfimer Sodium	Photofrin	INJECTABLE
Medical Oncology	J9999	Mechlorethamine - topical	Valchlor	TOPICAL
Medical Oncology	Q2017	Teniposide	Vumon	INJECTABLE
Medical Oncology	Q2043	Sipuleucel-T	Provenge	INJECTABLE
Medical Oncology	Q2049	Doxorubicin HCL (liposomal)	Doxil	INJECTABLE
Medical Oncology	S0108	Mercaptopurine - oral	Purinethol	ORAL
Medical Oncology	S0176	Hydroxyurea - oral	Droxia	ORAL
Medical Oncology	S0178	Lomustine - oral	Gleostine	ORAL

Product	CPT® Code	CPT® Code Description	Alternate Description	Drug Admin Technique
* Code is accepted in Claims Studio as a substitute for an authorization on the primary code.				

### Prominence Health Plan: Spine Surgery CPT Code List

Category	CPT® Code	CPT® Code Description
Spine Surgery	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
Spine Surgery	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Spine Surgery	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Spine Surgery	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Spine Surgery	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Spine Surgery	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Spine Surgery	22513	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance
Spine Surgery	22514	Injection of bone cement into body of lower spine bone accessed through the skin using imaging guidance
Spine Surgery	22515	Injection of bone cement into body of middle or lower spine bone accessed through the skin using imaging guidance
Spine Surgery	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
Spine Surgery	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)

Category	CPT® Code	CPT® Code Description
Spine Surgery	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Spine Surgery	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Spine Surgery	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
Spine Surgery	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
Spine Surgery	22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
Spine Surgery	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
Spine Surgery	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Spine Surgery	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
Spine Surgery	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
Spine Surgery	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
Spine Surgery	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Spine Surgery	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for
Spine Surgery	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Spine Surgery	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)

Category	CPT® Code	CPT® Code Description
Spine Surgery	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
Spine Surgery	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
Spine Surgery	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Spine Surgery	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Spine Surgery	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Spine Surgery	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
Spine Surgery	22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
Spine Surgery	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Spine Surgery	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous interspace (List separately in addition to code for primary procedure)
Spine Surgery	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous effect (List separately in addition to code for primary procedure)
Spine Surgery	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
Spine Surgery	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
Spine Surgery	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Spine Surgery	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

Category	CPT® Code	CPT® Code Description
Spine Surgery	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Spine Surgery	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Spine Surgery	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
Spine Surgery	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Spine Surgery	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
Spine Surgery	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
Spine Surgery	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
Spine Surgery	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
Spine Surgery	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
Spine Surgery	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
Spine Surgery	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
Spine Surgery	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Spine Surgery	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Spine Surgery	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)

Category	CPT® Code	CPT® Code Description
Spine Surgery	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
Spine Surgery	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
Spine Surgery	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
Spine Surgery	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
Spine Surgery	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
Spine Surgery	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
Spine Surgery	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
Spine Surgery	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
Spine Surgery	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plate], when performed)
Spine Surgery	63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
Spine Surgery	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
Spine Surgery	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
Spine Surgery	63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
Spine Surgery	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment



Category	CPT® Code	CPT® Code Description
Spine Surgery	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
Spine Surgery	E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
Spine Surgery	E0749	Osteogenesis stimulator, electrical, surgically implanted
Spine Surgery	S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical
Spine Surgery	S2361	Each additional cervical vertebral body (list separately in addition to code for primary procedure)

## Prominence Health Plan: Interventional Pain CPT Code List

Category	CPT® Code	CPT® Code Description
Interventional Pain Mgmt	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Interventional Pain Mgmt	62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
Interventional Pain Mgmt	62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
Interventional Pain Mgmt	62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
Interventional Pain Mgmt	62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic <b>-Replaced by 62320 and 62321-Effective 1/1/2017</b>
Interventional Pain Mgmt	62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) <b>-Replaced by 62322 and 62323-Effective 1/1/2017</b>
Interventional Pain Mgmt	62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic <b>-Replaced by 62324 and 62325-Effective 1/1/2017</b>

Category	CPT® Code	CPT® Code Description
Interventional Pain Mgmt	62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) <b>-Replaced by 62326 and 62327-Effective 1/1/2017</b>
Interventional Pain Mgmt	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
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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

Category	CPT® Code	CPT® Code Description
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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
Interventional Pain Mgmt	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
Interventional Pain Mgmt	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
Interventional Pain Mgmt	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
Interventional Pain Mgmt	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
Interventional Pain Mgmt	63650	Percutaneous implantation of neurostimulator electrode array, epidural
Interventional Pain Mgmt	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
Interventional Pain Mgmt	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
Interventional Pain Mgmt	64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Interventional Pain Mgmt	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Interventional Pain Mgmt	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Interventional Pain Mgmt	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

Category	CPT® Code	CPT® Code Description
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	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)
Interventional Pain Mgmt	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
Interventional Pain Mgmt	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
Interventional Pain Mgmt	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
Interventional Pain Mgmt	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Interventional Pain Mgmt	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
Interventional Pain Mgmt	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Interventional Pain Mgmt	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

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Category	CPT® Code	CPT® Code Description
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### Prominence Health Plan: Joint Surgery CPT Code List

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	23120	Claviclectomy; partial
Joint Surgery Mgmt	23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
Joint Surgery Mgmt	23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
Joint Surgery Mgmt	23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
Joint Surgery Mgmt	23415	Coracoacromial ligament release, with or without acromioplasty
Joint Surgery Mgmt	23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
Joint Surgery Mgmt	23430	Tenodesis of long tendon of biceps
Joint Surgery Mgmt	23440	Resection or transplantation of long tendon of biceps
Joint Surgery Mgmt	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
Joint Surgery Mgmt	23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
Joint Surgery Mgmt	23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer



Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
Joint Surgery Mgmt	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
Joint Surgery Mgmt	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
Joint Surgery Mgmt	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Joint Surgery Mgmt	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Joint Surgery Mgmt	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
Joint Surgery Mgmt	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
Joint Surgery Mgmt	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
Joint Surgery Mgmt	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
Joint Surgery Mgmt	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
Joint Surgery Mgmt	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
Joint Surgery Mgmt	27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
Joint Surgery Mgmt	27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
Joint Surgery Mgmt	27334	Arthrotomy, with synovectomy, knee; anterior OR posterior

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
Joint Surgery Mgmt	27403	Arthrotomy with meniscus repair, knee
Joint Surgery Mgmt	27412	Autologous chondrocyte implantation, knee
Joint Surgery Mgmt	27415	Osteochondral allograft, knee, open
Joint Surgery Mgmt	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
Joint Surgery Mgmt	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
Joint Surgery Mgmt	27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
Joint Surgery Mgmt	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
Joint Surgery Mgmt	27424	Reconstruction of dislocating patella; with patellectomy
Joint Surgery Mgmt	27425	Lateral retinacular release, open
Joint Surgery Mgmt	27427	Ligamentous reconstruction (augmentation), knee; extra-articular
Joint Surgery Mgmt	27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
Joint Surgery Mgmt	27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
Joint Surgery Mgmt	27430	Quadricepsplasty (eg, Bennett or Thompson type)DY

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	27438	Arthroplasty, patella; with prosthesis
Joint Surgery Mgmt	27440	Arthroplasty, knee, tibial plateau;
Joint Surgery Mgmt	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
Joint Surgery Mgmt	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;)
Joint Surgery Mgmt	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
Joint Surgery Mgmt	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
Joint Surgery Mgmt	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
Joint Surgery Mgmt	27486	Revision of total knee arthroplasty, with or without allograft; 1 component
Joint Surgery Mgmt	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
Joint Surgery Mgmt	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
Joint Surgery Mgmt	29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
Joint Surgery Mgmt	29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
Joint Surgery Mgmt	29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
Joint Surgery Mgmt	29820	Arthroscopy, shoulder, surgical; synovectomy, partial

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	29821	Arthroscopy, shoulder, surgical; synovectomy, complete
Joint Surgery Mgmt	29822	Arthroscopy, shoulder, surgical; debridement, limited
Joint Surgery Mgmt	29823	Arthroscopy, shoulder, surgical; debridement, extensive
Joint Surgery Mgmt	29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
Joint Surgery Mgmt	29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
Joint Surgery Mgmt	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)
Joint Surgery Mgmt	29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
Joint Surgery Mgmt	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Joint Surgery Mgmt	29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
Joint Surgery Mgmt	29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
Joint Surgery Mgmt	29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
Joint Surgery Mgmt	29863	Arthroscopy, hip, surgical; with synovectomy
Joint Surgery Mgmt	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Joint Surgery Mgmt	29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
Joint Surgery Mgmt	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
Joint Surgery Mgmt	29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
Joint Surgery Mgmt	29873	Arthroscopy, knee, surgical; with lateral release
Joint Surgery Mgmt	29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
Joint Surgery Mgmt	29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
Joint Surgery Mgmt	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Joint Surgery Mgmt	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
Joint Surgery Mgmt	29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
Joint Surgery Mgmt	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
Joint Surgery Mgmt	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
Joint Surgery Mgmt	29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
Joint Surgery Mgmt	29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
Joint Surgery Mgmt	29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)

Category	CPT® Code	CPT® Code Description
Joint Surgery Mgmt	29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
Joint Surgery Mgmt	29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
Joint Surgery Mgmt	29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
Joint Surgery Mgmt	29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
Joint Surgery Mgmt	29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
Joint Surgery Mgmt	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Joint Surgery Mgmt	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Joint Surgery Mgmt	29916	Arthroscopy, hip, surgical; with labral repair

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## Prominence Health Plan: Radiation Therapy CPT Code List

Category	CPT® Code	CPT® Code Description
Revenue Code	<b>333</b>	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy
Associated Services with Radiation Therapy	<b>19296</b>	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
Associated Services with Radiation Therapy	<b>19297</b>	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
Associated Services with Radiation Therapy	<b>19298</b>	Placement of radiotherapy after loading 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
Associated Services with Radiation Therapy	<b>31643</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
Associated Services with Radiation Therapy	<b>32553</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
Associated Services with Radiation Therapy	<b>41019</b>	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
Associated Services with Radiation Therapy	<b>49411</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
Associated Services with Radiation Therapy	<b>49412</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, 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)
Associated Services with Radiation Therapy	<b>55875</b>	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy



Category	CPT® Code	CPT® Code Description
Associated Services with Radiation Therapy	<b>55876</b>	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
Associated Services with Radiation Therapy	<b>55920</b>	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
Associated Services with Radiation Therapy	<b>57155</b>	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Associated Services with Radiation Therapy	<b>57156</b>	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Associated Services with Radiation Therapy	<b>58346</b>	Insertion of Heyman capsules for clinical brachytherapy
Associated Services with Radiation Therapy	<b>76873</b>	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
Associated Services with Radiation Therapy	<b>76965</b>	Ultrasonic guidance for interstitial radioelement application
Radiologic Guidance	<b>77014</b>	Computed tomography guidance for placement of radiation therapy fields
Radiation Treatment Planning	<b>77263</b>	Therapeutic radiology treatment planning; complex
Radiation Treatment Planning	<b>77280</b>	Therapeutic radiology simulation-aided field setting; simple
Radiation Treatment Planning	<b>77285</b>	Therapeutic radiology simulation-aided field setting; intermediate
Radiation Treatment Planning	<b>77290</b>	Therapeutic radiology simulation-aided field setting; complex
Radiation Treatment Planning	<b>77293</b>	Respiratory motion management simulation (List separately in addition to code for primary procedure)
Radiation Treatment Planning	<b>77299</b>	Unlisted procedure, therapeutic radiology clinical treatment planning
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77300</b>	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl
Intensity Modulated Radiation Therapy (IMRT)	<b>77301</b>	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

Category	CPT® Code	CPT® Code Description
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77306</b>	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77307</b>	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)
Brachytherapy	<b>77316</b>	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Brachytherapy	<b>77317</b>	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Brachytherapy	<b>77318</b>	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77321</b>	Special teletherapy port plan, particles, hemibody, total body
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77331</b>	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77332</b>	Treatment devices, design and construction; simple (simple block, simple bolus)
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77333</b>	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77334</b>	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77336</b>	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
Intensity Modulated Radiation Therapy (IMRT)	<b>77338</b>	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

Category	CPT® Code	CPT® Code Description
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77370</b>	Special medical radiation physics consultation
Stereotactic Radiation Therapy	<b>77371</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
Stereotactic Radiation Therapy	<b>77372</b>	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
Stereotactic Radiation Therapy	<b>77373</b>	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
Intensity Modulated Radiation Therapy (IMRT)	<b>77385</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
Intensity Modulated Radiation Therapy (IMRT)	<b>77386</b>	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
Radiologic Guidance	<b>77387</b>	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77399</b>	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
Radiation Treatment Delivery	<b>77401</b>	Radiation treatment delivery, superficial and/or ortho voltage, per day
Radiation Treatment Delivery	<b>77402</b>	Radiation treatment delivery, >1 MeV; simple
Radiation Treatment Delivery	<b>77407</b>	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
Radiation Treatment Delivery	<b>77412</b>	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
Radiation Treatment Delivery	<b>77417</b>	Therapeutic radiology port image(s)
Neutron Beam Radiation Therapy	<b>77423</b>	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)
Intraoperative Radiation Therapy (IORT)	<b>77424</b>	Intraoperative radiation treatment delivery, x-ray, single treatment session

Category	CPT® Code	CPT® Code Description
Intraoperative Radiation Therapy (IORT)	<b>77425</b>	Intraoperative radiation treatment delivery, electrons, single treatment session
Radiation Treatment Management	<b>77427</b>	Radiation treatment management, 5 treatments
Radiation Treatment Management	<b>77431</b>	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
Stereotactic Radiation Therapy	<b>77432</b>	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Stereotactic Radiation Therapy	<b>77435</b>	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
Radiation Treatment Management	<b>77470</b>	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Proton Beam Radiation Therapy	<b>77520</b>	Proton treatment delivery; simple, without compensation
Proton Beam Radiation Therapy	<b>77522</b>	Proton treatment delivery; simple, with compensation
Proton Beam Radiation Therapy	<b>77523</b>	Proton treatment delivery; intermediate
Proton Beam Radiation Therapy	<b>77525</b>	Proton treatment delivery; complex
Hyperthermia Treatment	<b>77600</b>	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
Hyperthermia Treatment	<b>77605</b>	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
Hyperthermia Treatment	<b>77610</b>	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
Hyperthermia Treatment	<b>77615</b>	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
Hyperthermia Treatment	<b>77620</b>	Hyperthermia generated by intracavitary probe(s)
Brachytherapy	<b>77750</b>	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
Brachytherapy	<b>77761</b>	Intracavitary radiation source application; simple
Brachytherapy	<b>77762</b>	Intracavitary radiation source application; intermediate
Brachytherapy	<b>77763</b>	Intracavitary radiation source application; complex

Category	CPT® Code	CPT® Code Description
Brachytherapy	<b>77767</b>	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
Brachytherapy	<b>77768</b>	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
Brachytherapy	<b>77770</b>	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
Brachytherapy	<b>77771</b>	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels
Brachytherapy	<b>77772</b>	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels
Brachytherapy	<b>77778</b>	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
Brachytherapy	<b>77789</b>	Surface application of low dose rate radionuclide source
Brachytherapy	<b>77790</b>	Supervision, handling, loading of radiation source
Brachytherapy	<b>77799</b>	Unlisted procedure, clinical brachytherapy
Therapeutic Radiopharmaceuticals	<b>79101</b>	Radiopharmaceutical therapy, by intravenous administration - <i>Effective 7/1/2018</i>
Associated Services with Radiation Therapy	<b>0190T</b>	Placement of intraocular radiation source applicator (List separately in addition to primary procedure)
Brachytherapy	<b>0394T</b>	HDR electronic brachytherapy, skin surface application, per fraction
Brachytherapy	<b>0395T</b>	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction
Radiation Treatment Planning	<b>77261</b>	Therapeutic radiology treatment planning; simple
Radiation Treatment Planning	<b>77262</b>	Therapeutic radiology treatment planning; intermediate
Medical Radiation Physics, Dosimetry, and Treatment Devices	<b>77295</b>	3-dimensional radiotherapy plan, including dose-volume histograms
Intraoperative Radiation Therapy (IORT)	<b>77469</b>	Intraoperative radiation treatment management
Radiation Treatment Management	<b>77499</b>	Unlisted procedure, therapeutic radiology treatment management
Therapeutic Radiopharmaceuticals	<b>A9606</b>	Radiopharmaceutical, therapeutic, not otherwise classified
Therapeutic Radiopharmaceuticals	<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified - <i>Effective 7/1/2018</i>
Brachytherapy	<b>C2616</b>	Brachytherapy source, nonstranded, yttrium-90, per source

Category	CPT® Code	CPT® Code Description
Stereotactic Radiation Therapy	<b>G0339</b>	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
Stereotactic Radiation Therapy	<b>G0340</b>	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
Brachytherapy	<b>G0458</b>	Low dose rate (LDR) prostate brachytherapy services, composite rate
Radiologic Guidance	<b>G6001</b>	Ultrasonic guidance for placement of radiation therapy fields
Radiologic Guidance	<b>G6002</b>	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
Radiation Treatment Delivery	<b>G6003</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev
Radiation Treatment Delivery	<b>G6003</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev
Radiation Treatment Delivery	<b>G6004</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev
Radiation Treatment Delivery	<b>G6004</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev
Radiation Treatment Delivery	<b>G6005</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev
Radiation Treatment Delivery	<b>G6005</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev
Radiation Treatment Delivery	<b>G6006</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater
Radiation Treatment Delivery	<b>G6006</b>	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater
Radiation Treatment Delivery	<b>G6007</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev
Radiation Treatment Delivery	<b>G6007</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev
Radiation Treatment Delivery	<b>G6008</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev
Radiation Treatment Delivery	<b>G6008</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev

Category	CPT® Code	CPT® Code Description
Radiation Treatment Delivery	<b>G6009</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev
Radiation Treatment Delivery	<b>G6009</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev
Radiation Treatment Delivery	<b>G6010</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
Radiation Treatment Delivery	<b>G6010</b>	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
Radiation Treatment Delivery	<b>G6011</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev
Radiation Treatment Delivery	<b>G6011</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev
Radiation Treatment Delivery	<b>G6012</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev
Radiation Treatment Delivery	<b>G6013</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev
Radiation Treatment Delivery	<b>G6014</b>	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater
Intensity Modulated Radiation Therapy (IMRT)	<b>G6015</b>	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
Intensity Modulated Radiation Therapy (IMRT)	<b>G6016</b>	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
Radiation Treatment Management	<b>G6017</b>	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
Brachytherapy	<b>S2095</b>	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres
Proton Beam Radiation Therapy	<b>S8030</b>	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy



Category	CPT® Code	CPT® Code Description
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### Prominence Health Plan: Sleep Management CPT Code List

Platform: Image One

Product	Category	CPT® Code	CPT® Code Description
Sleep	Sleep	95782	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
Sleep	Sleep	95783	Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist
Sleep	Sleep	95800	Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
Sleep	Sleep	95801	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate, Oxygen Saturation, Respiratory Analysis (E.G., By Airflow Or Peripheral Arterial Tone), And Sleep Time
Sleep	Sleep	95805	Multiple Sleep Latency Test Or Maintenance Of Wakefulness Test
Sleep	Sleep	95806	Sleep Study, Unattended, Simultaneous Recording Of, Heart Rate, Oxygen Saturation, Respiratory Airflow, And Respiratory Effort (E.G. Thoracoabdominal Movement)
Sleep	Sleep	95807	Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, ECG Or Heart Rate, And Oxygen Saturation, Attended By A Technologist
Sleep	Sleep	95808	Polysomnography, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist
Sleep	Sleep	95810	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist
Sleep	Sleep	95811	Polysomnography, Sleep Staging With 4 Or More Additional Parameters Of Sleep For PAP Titration, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist
Sleep	Sleep	G0398	Home Sleep Study Test (HST) With Type II Portable Monitor, Unattended; Minimum Of 7 Channels Including: EEG, EOG, EMG, Respiratory Movement, Airflow, ECG/Heart Rate And Oxygen Saturation
Sleep	Sleep	G0399	Home Sleep Study Test (HST) With Type III Portable Monitor, Unattended; Minimum Of 4 Channels: 2 Respiratory Movement/Airflow, 1 Ecg/Heart Rate And 1 Oxygen Saturation
Sleep	Sleep	G0400	Home Sleep Study Test (HST) With Type IV Portable Monitor, Unattended; Minimum Of 3 Channels
Sleep	DME	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device
Sleep	DME	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each
Sleep	DME	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each
Sleep	DME	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair
Sleep	DME	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Sleep	DME	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Sleep	DME	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each
Sleep	DME	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair
Sleep	DME	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure
Sleep	DME	A7035	Headgear Used With Positive Airway Pressure Device
Sleep	DME	A7036	Chinstrap Used With Positive Airway Pressure Device
Sleep	DME	A7037	Tubing Used With Positive Airway Pressure Device
Sleep	DME	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Sleep	DME	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Sleep	DME	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Sleep	DME	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive
Sleep	DME	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device,
Sleep	DME	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate

Product	Category	CPT® Code	CPT® Code Description
Sleep	DME	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate
Sleep	DME	E0601	Continuous Airway Pressure (CPAP) Device
Sleep	DME	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device
Sleep	DME	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device
Sleep	DME	94660	Continuous Positive Airway Pressure Ventilation (CPAP), Initiation And Management