

| CPT Code – Radiology | Description | Process |
|----------------------|---|------------------------|
| 0042T | Cerebral perfusion analysis using CT with contrast | Requires authorization |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | Requires authorization |
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | Requires authorization |
| 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | Requires authorization |
| 75571 | CT Heart, including quantitative evaluation of coronary calcium | Requires authorization |
| 75572 | CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed) | Requires authorization |
| 75574 | CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Requires authorization |
| 75574 | CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Requires authorization |
| 75574 | CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Requires authorization |
| 75574 | CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | Requires authorization |
| 75573 | CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed) | Requires authorization |

| | | |
|--------------|---|------------------------|
| 0159T | CAD, including computer algorithm analysis, BREAST MRI | Requires authorization |
| 70336 | MRI Temporomandibular Joint (s) | Requires authorization |
| 70450 | CT Head without contrast | Requires authorization |
| 70460 | CT Head with contrast | Requires authorization |
| 70470 | CT Head with & without contrast W & W/O | Requires authorization |
| 70480 | CT Orbit, sella, or posterior fossa or outer, middle, or inner ear without contrast | Requires authorization |
| 70481 | CT Orbit, sella, or posterior fossa or outer, middle, or inner ear with contrast | Requires authorization |
| 70482 | CT Orbit, sella, or posterior fossa or outer, middle, or inner ear W & W/O | Requires authorization |
| 70486 | CT Maxillofacial area, (sinus) without contrast | Requires authorization |
| 70487 | CT Maxillofacial area, (sinus) with contrast | Requires authorization |
| 70488 | CT Maxillofacial area, (sinus) with & without contrast W & W/O | Requires authorization |
| 70490 | CT Soft-tissue Neck without contrast | Requires authorization |
| 70491 | CT Soft-tissue Neck with contrast | Requires authorization |
| 70492 | CT Soft-tissue Neck with & without contrast W & W/O | Requires authorization |
| 70496 | CTA HEAD, with contrast, including noncontrast images, if performed, & image post-processing | Requires authorization |
| 70498 | CTA NECK, with contrast, including noncontrast images, if performed, & image post-processing | Requires authorization |
| 70540 | MRI Orbit, Face and/or Neck without contrast | Requires authorization |
| 70542 | MRI Orbit, Face and/or Neck with contrast | Requires authorization |
| 70543 | MRI Orbit, Face and/or Neck with and without contrast W & W/O | Requires authorization |
| 70544 | MR Angiography (MRA) Head without contrast | Requires authorization |
| 70545 | MR Angiography (MRA) Head with contrast | Requires authorization |
| 70546 | MR Angiography (MRA) Head with and without contrast W & W/O | Requires authorization |
| 70547 | MR Angiography (MRA) Neck without contrast | Requires authorization |
| 70548 | MR Angiography (MRA) Neck with contrast | Requires authorization |
| 70549 | MR Angiography (MRA) Neck with and without contrast W & W/O | Requires authorization |
| 70551 | MRI Brain (Head) without contrast | Requires authorization |
| 70552 | MRI Brain (Head) with contrast | Requires authorization |
| 70553 | MRI Brain (Head) with and without contrast W & W/O | Requires authorization |
| 70554 | MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration | Requires authorization |
| 70555 | MRI, Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing | Requires authorization |
| 71250 | CT Chest without contrast | Requires authorization |
| 71260 | CT Chest with contrast | Requires authorization |
| 71270 | CT Chest with and without contrast W & | Requires authorization |

| | | |
|--------------|---|------------------------|
| | W/O | |
| 71275 | CTA CHEST, (non-coronary), with contrast, including noncontrast images, if performed, & image post-processing | Requires authorization |
| 71550 | MRI Chest without contrast | Requires authorization |
| 71551 | MRI Chest with contrast | Requires authorization |
| 71552 | MRI Chest with and without contrast W & W/O | Requires authorization |
| 71555 | MR Angiography (MRA) Chest (excluding myocardium)- W or W/O | Requires authorization |
| 72125 | CT Cervical Spine without contrast | Requires authorization |
| 72126 | CT Cervical Spine with contrast | Requires authorization |
| 72127 | CT Cervical Spine with and with out contrast W & W/O | Requires authorization |
| 72128 | CT Thoracic Spine without contrast | Requires authorization |
| 72129 | CT Thoracic Spine with contrast | Requires authorization |
| 72130 | CT Thoracic Spine with and without contrast W & W/O | Requires authorization |
| 72131 | CT Lumbar Spine without contrast | Requires authorization |
| 72132 | CT Lumbar Spine with contrast | Requires authorization |
| 72133 | CT Lumbar Spine with and without out contrast W & W/O | Requires authorization |
| 72141 | MRI Cervical Spine without contrast | Requires authorization |
| 72142 | MRI Cervical Spine with contrast | Requires authorization |
| 72146 | MRI Thoracic Spine without contrast | Requires authorization |
| 72147 | MRI Thoracic Spine with contrast | Requires authorization |
| 72148 | MRI Lumbar Spine without contrast | Requires authorization |
| 72149 | MRI Lumbar Spine with contrast | Requires authorization |
| 72156 | MRI Cervical Spine with and without contrast W & W/O | Requires authorization |
| 72157 | MRI Thoracic Spine with and without contrast W & W/O | Requires authorization |
| 72158 | MRI Lumbar Spine with and without contrast W & W/O | Requires authorization |
| 72159 | MR Angiography (MRA) Spinal Canal and contents -with or w/o contrast | Requires authorization |
| 72191 | CTA PELVIS, with contrast, including noncontrast images, if performed, & image post-processing | Requires authorization |
| 72192 | CT Pelvis without contrast | Requires authorization |
| 72193 | CT Pelvis with contrast | Requires authorization |
| 72194 | CT Pelvis with and without contrast W & W/O | Requires authorization |
| 72195 | MRI Pelvis without contrast | Requires authorization |
| 72196 | MRI Pelvis with contrast | Requires authorization |
| 72197 | MRI Pelvis with and without contrast W & W/O | Requires authorization |
| 72198 | MR Angiography (MRA) Pelvis -with or without contrast | Requires authorization |
| 73200 | CT Upper Extremity without contrast | Requires authorization |
| 73201 | CT Upper Extremity with contrast | Requires authorization |
| 73202 | CT Upper Extremity with and without contrast W & W/O | Requires authorization |
| 73206 | CTA Upper Extremity, with contrast, including noncontrast images, if performed, & image postprocessing | Requires authorization |
| 73218 | MRI Upper Extremity-other than joint-without contrast | Requires authorization |
| 73219 | MRI Upper Extremity-other than joint-with | Requires authorization |

| | | |
|--------------|--|------------------------|
| | contrast | |
| 73220 | MRI Upper Extremity-other than joint-with and without contrast W & W/O | Requires authorization |
| 73221 | MRI Any Joint of Upper Extremity--without contrast | Requires authorization |
| 73222 | MRI Any Joint of Upper Extremity--with contrast | Requires authorization |
| 73223 | MRI Any Joint of Upper Extremity—with and without contrast W & W/O | Requires authorization |
| 73225 | MR Angiography (MRA) Upper Extremity - with or without contrast | Requires authorization |
| 73700 | CT Lower Extremity without contrast | Requires authorization |
| 73701 | CT Lower Extremity with contrast | Requires authorization |
| 73702 | CT Lower Extremity with and without contrast W & W/O | Requires authorization |
| 73706 | CTA Lower Extremity, with contrast, including noncontrast images, if performed, & image postprocessing | Requires authorization |
| 73718 | MRI Lower Extremity-other than joint-without contrast | Requires authorization |
| 73719 | MRI Lower Extremity-other than joint-with contrast | Requires authorization |
| 73720 | MRI Lower Extremity-other than joint-with and without contrast W & W/O | Requires authorization |
| 73721 | MRI Any Joint of Lower Extremity--without contrast | Requires authorization |
| 73722 | MRI Any Joint of Lower Extremity--with contrast | Requires authorization |
| 73723 | MRI Any Joint of Lower Extremity—with and without contrast W & W/O | Requires authorization |
| 73725 | MR Angiography (MRA) Lower Extremity-with or without contrast | Requires authorization |
| 74150 | CT Abdomen without contrast | Requires authorization |
| 74160 | CT Abdomen with contrast | Requires authorization |
| 74170 | CT Abdomen with and without contrast W & W/O | Requires authorization |
| 74175 | CTA ABDOMEN, with contrast, including noncontrast images, if performed, & image postprocessing | Requires authorization |
| 74181 | MRI Abdomen without contrast | Requires authorization |
| 74182 | MRI Abdomen with contrast | Requires authorization |
| 74183 | MRI Abdomen with and without contrast W & W/O | Requires authorization |
| 74185 | MR Angiography (MRA) Abdomen-with or without contrast | Requires authorization |
| 75557 | Cardiac MRI for morphology and function without contrast material | Requires authorization |
| 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) | Requires authorization |
| 75559 | Cardiac MRI for morphology and function without contrast material; with stress imaging | Requires authorization |
| 75561 | Cardiac MRI for morphology and function without contrast, followed by contrast W & W/O | Requires authorization |
| 75563 | Cardiac MRI for morphology and function without contrast, followed by contrast; with stress imaging | Requires authorization |

| | | |
|--------------|--|------------------------|
| 75635 | CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast, including noncontrast images, if performed, and image post-processing | Requires authorization |
| 76376 | 3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation | Requires authorization |
| 76377 | 3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation | Requires authorization |
| 76380 | CT Limited or Localized follow-up | Requires authorization |
| 76390 | MR Spectroscopy (MRS) | Requires authorization |
| 76497 | Unlisted CT Procedure (diagnostic, interventional) | Requires authorization |
| 76498 | Unlisted MR | Requires authorization |
| 77058 | MRI BREAST, without and/or with contrast UNILATERAL | Requires authorization |
| 77059 | MRI BREAST, without and/or with contrast BILATERAL | Requires authorization |
| 77078 | CT BONE MINERAL DENSITY study, 1 or more sites, axial skeleton | Requires authorization |
| 77079 | CT BONE MINERAL DENSITY study, 1 or more sites, appendicular | Requires authorization |
| 77084 | MRI Bone Marrow blood supply | Requires authorization |
| 78459 | PET Cardiac (myocardial imaging) – metabolic evaluation | Requires authorization |
| 78491 | PET Cardiac (myocardial imaging), perfusion single study at rest or Stress | Requires authorization |
| 78492 | PET Cardiac (myocardial imaging), perfusion multiple studies rest/stress | Requires authorization |
| 78608 | PET Brain – metabolic evaluation | Requires authorization |
| 78609 | PET Brain – perfusion evaluation | Requires authorization |
| 78811 | PET imaging; limited area (eg, chest, head/neck) | Requires authorization |
| 78812 | PET imaging; skull base to mid-thigh | Requires authorization |
| 78813 | 13 PET imaging; whole body | Requires authorization |
| 78814 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; limited area (eg, chest, head/neck) | Requires authorization |
| 78815 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh | Requires authorization |
| 78816 | PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body | Requires authorization |
| G0219 | PET imaging whole body; melanoma for non-covered indications | Requires authorization |
| G0235 | PET imaging, any site, not otherwise specified | Requires authorization |
| S8035 | Magnetic Source Imaging | Requires authorization |
| S8037 | MRCP (Magnetic Resonance Cholangiopancreatography) | Requires authorization |
| S8042 | MRI Low Field | Requires authorization |
| S8092 | CT ELECTRON BEAM (Ultrafast CT) for | Requires authorization |

| | | |
|-------|---|------------------------|
| | calcium scoring | |
| 74176 | Computed tomography; abdomen and pelvis; without contrast material | Requires authorization |
| 74178 | Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | Requires authorization |
| 74177 | Computed tomography; abdomen and pelvis; with contrast material(s) | Requires authorization |