



Prior Authorization Procedure List: Radiology & Cardiology

| | | | | Jefferson Health Plans | | Health Partners Plans | |
|----------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| CID | 33206 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial | | Included | Included | Included | Included |
| CID | 33207 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular | | Included | Included | Included | Included |
| CID | 33208 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular | | Included | Included | Included | Included |
| CID | 33212 | Insertion of pacemaker pulse generator only; with existing single lead | | Included | Included | Included | Included |
| CID | 33213 | Insertion of pacemaker pulse generator only; with existing dual leads | | Included | Included | Included | Included |
| CID | 33214 | 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) | | Included | Included | Included | Included |
| CID | 33221 | Insertion of pacemaker pulse generator only; with existing multiple leads | | Included | Included | Included | Included |
| CID | 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing) | | Included | Included | Included | Included |
| CID | 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| CID | 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system | | Included | Included | Included | Included |
| CID | 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system | | Included | Included | Included | Included |
| CID | 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system | | Included | Included | Included | Included |
| CID | 33230 | Insertion of implantable defibrillator pulse generator only; with existing dual leads | | Included | Included | Included | Included |
| CID | 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads | | Included | Included | Included | Included |
| CID | 33240 | Insertion of implantable defibrillator pulse generator only; with existing single lead | | Included | Included | Included | Included |
| CID | 33249 | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber | | Included | Included | Included | Included |
| CID | 33262 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system | | Included | Included | Included | Included |
| CID | 33263 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system | | Included | Included | Included | Included |
| CID | 33264 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system | | Included | Included | Included | Included |
| CID | 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed | | Included | Included | Included | Included |
| CID | 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| CID | 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | | Included | Included | Included | Included |
| MRI | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | | Included | Included | Included | Included |
| CT | 70450 | Computed tomography, head or brain; without contrast material | | Included | Included | Included | Included |
| CT | 70460 | Computed tomography, head or brain; with contrast material(s) | | Included | Included | Included | Included |
| CT | 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | | Included | Included | Included | Included |
| CT | 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) | | Included | Included | Included | Included |
| CT | 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 70486 | Computed tomography, maxillofacial area; without contrast material | | Included | Included | Included | Included |
| CT | 70487 | Computed tomography, maxillofacial area; with contrast material(s) | | Included | Included | Included | Included |
| CT | 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 70490 | Computed tomography, soft tissue neck; without contrast material | | Included | Included | Included | Included |
| CT | 70491 | Computed tomography, soft tissue neck; with contrast material(s) | | Included | Included | Included | Included |
| CT | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |
| CT | 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |
| MRI | 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 70544 | Magnetic resonance angiography, head; without contrast material(s) | | Included | Included | Included | Included |
| MRA | 70545 | Magnetic resonance angiography, head; with contrast material(s) | | Included | Included | Included | Included |
| MRA | 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 70547 | Magnetic resonance angiography, neck; without contrast material(s) | | Included | Included | Included | Included |
| MRA | 70548 | Magnetic resonance angiography, neck; with contrast material(s) | | Included | Included | Included | Included |
| MRA | 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRI | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | | Included | Included | Included | Included |
| MRI | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) | | Included | Included | Included | Included |
| MRI | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRI | 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration | | Included | Included | Included | Included |
| MRI | 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing | | Included | Included | Included | Included |
| CT | 71250 | Computed tomography, thorax; without contrast material | | Included | Included | Included | Included |
| CT | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) | | Included | Included | Included | Included |
| CT | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | | Included | Included | Included | Included |
| CT | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| MRI | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | | Included | Included | Included | Included |
| MRI | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | | Included | Included | Included | Included |
| MRI | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 72125 | Computed tomography, cervical spine; without contrast material | | Included | Included | Included | Included |
| CT | 72126 | Computed tomography, cervical spine; with contrast material | | Included | Included | Included | Included |
| CT | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 72128 | Computed tomography, thoracic spine; without contrast material | | Included | Included | Included | Included |
| CT | 72129 | Computed tomography, thoracic spine; with contrast material | | Included | Included | Included | Included |
| CT | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 72131 | Computed tomography, lumbar spine; without contrast material | | Included | Included | Included | Included |
| CT | 72132 | Computed tomography, lumbar spine; with contrast material | | Included | Included | Included | Included |
| CT | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| MRI | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | | Included | Included | Included | Included |
| MRI | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | | Included | Included | Included | Included |
| MRI | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | | Included | Included | Included | Included |
| MRI | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | | Included | Included | Included | Included |
| MRI | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | | Included | Included | Included | Included |
| MRI | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | | Included | Included | Included | Included |
| MRA | 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Add-on | Included | Included | Included | Included |
| CT | 72192 | Computed tomography, pelvis; without contrast material | Add-on | Included | Included | Included | Included |
| CT | 72193 | Computed tomography, pelvis; with contrast material(s) | Add-on | Included | Included | Included | Included |
| CT | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | Add-on | Included | Included | Included | Included |
| MRI | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 73200 | Computed tomography, upper extremity; without contrast material | | Included | Included | Included | Included |
| CT | 73201 | Computed tomography, upper extremity; with contrast material(s) | | Included | Included | Included | Included |
| CT | 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| MRI | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRI | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 73700 | Computed tomography, lower extremity; without contrast material | | Included | Included | Included | Included |
| CT | 73701 | Computed tomography, lower extremity; with contrast material(s) | | Included | Included | Included | Included |
| CT | 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections | | Included | Included | Included | Included |
| CT | 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |
| MRI | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRI | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | | Included | Included | Included | Included |
| MRI | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 74150 | Computed tomography, abdomen; without contrast material | Add-on | Included | Included | Included | Included |
| CT | 74160 | Computed tomography, abdomen; with contrast material(s) | Add-on | Included | Included | Included | Included |
| CT | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | Add-on | Included | Included | Included | Included |
| CT | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |
| CT | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | Add-on | Included | Included | Included | Included |
| CT | 74176 | Computed tomography, abdomen and pelvis; without contrast material | | Included | Included | Included | Included |
| CT | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | | Included | Included | Included | Included |
| CT | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | | Included | Included | Included | Included |
| MRI | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | | Included | Included | Included | Included |
| MRI | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | | Included | Included | Included | Included |
| MRI | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | | Included | Included | Included | Included |
| MRA | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | | Included | Included | Included | Included |
| CT | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | | Included | Included | Included | Excluded |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| CT | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | | Included | Included | Included | Excluded |
| CT | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | | Included | Included | Included | Excluded |
| MRI | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | | Included | Included | Included | Included |
| MRI | 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| CMRI | 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material; | | Included | Included | Included | Included |
| CMRI | 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | | Included | Included | Included | Included |
| CMRI | 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; | | Included | Included | Included | Included |
| CMRI | 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | | Included | Included | Included | Included |
| CMRI | 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| CCTA | 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | | Included | Included | Included | Excluded |
| CCTA | 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | | Included | Included | Included | Excluded |
| CCTA | 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluati | | Included | Included | Included | Excluded |
| CCTA | 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio | | Included | Included | Included | Excluded |
| CCTA | 75580 | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional | | | | Included | Included |
| CT | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | | Included | Included | Included | Included |
| 3DI | 76376 | 3D Rendering W/O Postprocessing. | | Included | Included | Included | Included |
| 3DI | 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati | | Included | Included | Included | Included |
| CT | 76380 | Computed tomography, limited or localized follow-up study | | Included | Included | Included | Included |
| MRI | 76390 | Magnetic resonance spectroscopy | | Included | Included | Included | Excluded |
| MRI | 76391 | Magnetic resonance (eg, vibration) elastography | | Included | Included | Included | Included |
| CT | 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | | Included | Included | Included | Included |
| MRI | 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) | | Included | Included | Included | Included |
| CT | 77012 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation | | Included | Included | Included | Included |
| CT | 77013 | Computed tomography guidance for, and monitoring of, parenchymal tissue ablation | | Included | Included | Included | Included |
| MR | 77021 | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | | Included | Included | Included | Included |
| MR | 77022 | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation | | Included | Included | Included | Included |
| BMRI | 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | | Included | Included | Included | Included |
| BMRI | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| BMRI | 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | | Included | Included | Included | Included |
| BMRI | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | | Included | Included | Included | Included |
| CT | 77078 | Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | | Included | Included | Included | Included |
| MRI | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | | Included | Included | Included | Included |
| CPET | 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | | Included | Included | Included | Included |
| CPET | 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | | Included | Included | Included | Included |
| CPET | 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | | Included | Included | Included | Included |
| CPET | 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); | | Included | Included | Included | Included |
| CPET | 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | | Included | Included | Included | Included |
| CPET | 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (| | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | Add-on | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) | Add-on | Included | Included | Included | Included |
| CPET | 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Nuclear Cardiac Imaging | 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | | Included | Included | Included | Included |
| CPET | 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | | Included | Included | Included | Included |
| CPET | 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic) | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing | | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Nuclear Cardiac Imaging | 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine | | Included | Included | Included | Included |
| PET | 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | | Included | Included | Included | Included |
| PET | 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation | | Included | Included | Included | Included |
| PET | 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | | Included | Included | Included | Included |
| PET | 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | | Included | Included | Included | Included |
| PET | 78813 | Positron emission tomography (PET) imaging; whole body | | Included | Included | Included | Included |
| PETCT | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) | | Included | Included | Included | Included |
| PETCT | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | | Included | Included | Included | Included |
| PETCT | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | | Included | Included | Included | Included |
| ECHO | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | | Included | Included | Included | Included |
| ECHO | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | | Included | Included | Included | Included |
| ECHO | 93306 | 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 | | Included | Included | Included | Included |
| ECHO | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | | Included | Included | Included | Included |
| ECHO | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | | Included | Included | Included | Included |
| ECHO | 93319 | 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) | | Included | Included | Included | Included |
| ECHO | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | Add-on | Included | Included | Included | Included |
| ECHO | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study | Add-on | Included | Included | Included | Included |
| ECHO | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | Add-on | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Stress Echo | 93350 | 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 | | Included | Included | Included | Included |
| Stress Echo | 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 | | Included | Included | Included | Included |
| ECHO | 93356 | Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging) | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93451 | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 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, ven | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 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 | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93593 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93594 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93596 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections | | Included | Included | Included | Included |
| Diagnostic Heart Cath | 93597 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); connections abnormal native connections | | Included | Included | Included | Included |
| CT | 0042T | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time | | Included | Included | Included | Excluded |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| CID | 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) | | Included | Included | Included | Included |
| CID | 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only | | Included | Included | Included | Included |
| CID | 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only | | Included | Included | Included | Included |
| CID | 0519T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter) | | Included | Included | Included | Included |
| CID | 0520T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode | | Included | Included | Included | Included |
| CID | 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed | | Included | Included | Included | Included |
| CID | 0572T | Insertion of substernal implantable defibrillator electrode | | Included | Included | Included | Included |
| MRI | 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | | Included | Included | Included | Included |
| MRI | 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | | Included | Included | Included | Included |
| MRI | 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | | Included | Included | Included | Included |
| MRI | 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | | Included | Included | Included | Included |
| CID | 0614T | Removal and replacement of substernal implantable defibrillator pulse generator | | Included | Included | Included | Included |
| CCTA | 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report | | Included | Included | Included | Included |
| CCTA | 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission | | Included | Included | Included | Included |
| CCTA | 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography | | Included | Included | Included | Included |
| CCTA | 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report | | Included | Included | Included | Included |
| CT | 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | | Included | Included | Included | Included |
| CT | 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | | Included | Included | Included | Included |
| CT | 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | | Included | Included | Included | Included |
| CT | 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | | Included | Included | Included | Included |
| CT | 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | | Included | Included | Included | Included |
| CT | 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| MRI | 0648T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ. | | Included | Included | Included | Included |
| MRI | 0649T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure). | | Included | Included | Included | Included |
| MRI | 0697T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs | | Included | Included | Included | Included |
| MRI | 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| CT (CTA) | 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | | Included | Included | Included | Included |
| CT (CTA) | 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission | | Included | Included | Included | Included |
| CT (CTA) | 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability | | Included | Included | Included | Included |
| CT (CTA) | 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report | | Included | Included | Included | Included |
| NUC CARD | 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| CID | 0795T | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components) | | Included | Included | Included | Included |
| CID | 0796T | Transcatheter insertion of right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) | | Included | Included | Included | Included |
| CID | 0797T | Transcatheter insertion of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | | Included | Included | Included | Included |
| CID | 0798T | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components) | | Included | Included | Included | Included |
| CID | 0799T | Transcatheter removal of right atrial pacemaker component | | Included | Included | Included | Included |
| CID | 0800T | Transcatheter removal of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | | Included | Included | Included | Included |
| CID | 0801T | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components) | | Included | Included | Included | Included |

| Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| CID | 0802T | Transcatheter removal and replacement of right atrial pacemaker component | | Included | Included | Included | Included |
| CID | 0803T | Transcatheter removal and replacement of right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system) | | Included | Included | Included | Included |
| CID | 0823T | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | | Included | Included | Included | Included |
| CID | 0824T | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed | | Included | Included | Included | Included |
| CID | 0825T | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed | | Included | Included | Included | Included |
| CID | 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter) | | Included | Included | Included | Included |
| CID | 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only | | Included | Included | Included | Included |
| CID | 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only | | Included | Included | Included | Included |
| MRI | 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | | Included | Included | Included | Included |
| MRI | 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| CMRI | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | | Included | Included | Included | Included |
| CMRI | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | | Included | Included | Included | Included |
| MRI | C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | | Included | Included | Included | Included |
| PET | G0219 | Pet imaging whole body; melanoma for non-covered indications | | Included | Included | Included | Included |
| PET | G0235 | Pet imaging, any site, not otherwise specified | | Included | Included | Included | Included |
| MR | S8035 | Magnetic source imaging | | Included | Included | Included | Excluded |
| MRI | S8037 | Magnetic resonance cholangiopancreatography (MRCP) | Add-on | Included | Included | Included | Excluded |
| MRI | S8042 | Magnetic resonance imaging (MRI), low-field | Add-on | Included | Included | Included | Excluded |
| CT | S8092 | Electron beam computed tomography (also known as ultrafast ct, cine ct) | | Included | Included | Included | Excluded |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal Spine Surgery Management

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|-----------------|---------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| Musculoskeletal | Spine Surgery | 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 20931 | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22505 | Manipulation of spine requiring anesthesia, any region | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|---------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Spine Surgery | 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22600 | Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22610 | Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22612 | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22614 | Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 interspa | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22830 | Exploration of spinal fusion | | Included | Included | Included | Included |

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|---------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Spine Surgery | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22849 | Reinsertion of spinal fixation device | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22853 | INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | Included | Included | Included | Included |
| Musculoskeletal | 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 DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22867 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL | | Included | Included | Included | Included |

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|---------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 22869 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with d | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63003 | 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; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63011 | 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; sacral | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63016 | 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; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|---------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63046 | 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; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 lu | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; | | Included | Included | Included | Included |
| Musculoskeletal | 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-pl | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (L | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63053 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (Li | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63055 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63066 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63086 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | | Included | Included | Included | Included |

| Product | Category | CPT®/HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|---------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Spine Surgery | 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | S2350 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace | | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | S2351 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Spine Surgery | 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal Inverventional Pain Management

| Product | Category | CPT® Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|-----------------|--------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| Musculoskeletal | Interventional Pain Mgmt | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62355 | Removal of previously implanted intrathecal or epidural catheter | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump | | Included | Included | Included | Included |

| Product | Category | CPT® Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|--------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64479 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |

| Product | Category | CPT® Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|--------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Interventional Pain Mgmt | 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0627T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0628T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0629T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0630T | Percutaneous injection of allogeneic cellular and/or tissue- based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | | Included | Included | Included | Included |
| Musculoskeletal | Interventional Pain Mgmt | M0076 | Prolotherapy | | Included | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal Joint Surgery Management

| Product | Category | CPT®/ HCPCS Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|-----------------|--------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| Musculoskeletal | Joint Surgery Mgmt | 23020 | Capsular Contracture Release (Eg, Sever Type Procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23120 | Claviclectomy; partial | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23412 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23415 | Coracoacromial ligament release, with or without acromioplasty | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23430 | Tenodesis of long tendon of biceps | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23440 | Resection or transplantation of long tendon of biceps | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23455 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23462 | Capsulorrhaphy, anterior, any type; with coracoid process transfer | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27090 | Removal of hip prosthesis; (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27091 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27122 | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27146 | Osteotomy, iliac, acetabular or innominate bone; | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27151 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27156 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27330 | Arthrotomy, knee; with synovial biopsy only | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27331 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27335 | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27403 | Arthrotomy with meniscus repair, knee | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27409 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments | | Included | Included | Included | Included |

| Product | Category | CPT®/ HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|--------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Joint Surgery Mgmt | 27412 | Autologous chondrocyte implantation, knee | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27415 | Osteochondral allograft, knee, open | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27422 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27424 | Reconstruction of dislocating patella; with patellectomy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27425 | Lateral retinacular release, open | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27428 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27429 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27430 | Quadricepsplasty (eg, Bennett or Thompson type) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27435 | Capsulotomy, posterior capsular release, knee | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27437 | Arthroplasty, patella; without prosthesis | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27438 | Arthroplasty, patella; with prosthesis | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27440 | Arthroplasty, knee, tibial plateau; | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27442 | Arthroplasty, femoral condyles or tibial plateau(s), knee; | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27443 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27488 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29822 | Arthroscopy, shoulder, surgical; debridement, limited | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29825 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation | | Included | Included | Included | Included |
| Musculoskeletal | 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) | Add-on | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29863 | Arthroscopy, hip, surgical; with synovectomy | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | | Included | Included | Included | Included |

| Product | Category | CPT®/ HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|--------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| Musculoskeletal | Joint Surgery Mgmt | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29870 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29873 | Arthroscopy, knee, surgical; with lateral release | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | 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 | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) | | Included | Included | Included | Included |
| Musculoskeletal | 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) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29914 | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29915 | Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion) | | Included | Included | Included | Included |
| Musculoskeletal | Joint Surgery Mgmt | 29916 | Arthroscopy, hip, surgical; with labral repair | | Included | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal CHIRO Management

| | | | | Jefferson Health Plans | | Health Partners Plans | |
|----------|------------|--------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| Category | CPT® Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| CHIRO | 98940 | Spinal Manipulation | | Out Of Scope | Included | Included | Included |
| CHIRO | 98941 | Spinal Manipulation | | Out Of Scope | Included | Included | Included |
| CHIRO | 98942 | Spinal Manipulation | | Out Of Scope | Included | Included | Included |
| CHIRO | 98943 | Extraspinal Manipulation | | Out Of Scope | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal Physical Therapy Management

| Category | CPT® Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|----------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| OT | 97010 | Application of a modality to 1 or more areas; hot or cold packs | | Out Of Scope | Included | Included | Included |
| PT | 97012 | Application of a modality to 1 or more areas; traction, mechanical | | Out Of Scope | Included | Included | Included |
| OT | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | | Out Of Scope | Included | Included | Included |
| PT | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices | | Out Of Scope | Included | Included | Included |
| OT | 97018 | Application of a modality to 1 or more areas; paraffin batch | | Out Of Scope | Included | Included | Included |
| PT | 97022 | Application of a modality to 1 or more areas; whirlpool | | Out Of Scope | Included | Included | Included |
| PT | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | | Out Of Scope | Included | Included | Included |
| PT | 97026 | Application of a modality to 1 or more areas; infrared | | Out Of Scope | Included | Included | Included |
| PT | 97028 | Application of a modality to 1 or more areas; ultraviolet | | Out Of Scope | Included | Included | Included |
| OT | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97039 | Unlisted modality (specify type and time if constant attendance) | | Out Of Scope | Included | Included | Included |
| OT | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | | Out Of Scope | Included | Included | Included |
| OT | 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing | | Out Of Scope | Included | Included | Included |
| OT | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | | Out Of Scope | Included | Included | Included |
| PT | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | | Out Of Scope | Included | Included | Included |
| OT | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | | Out Of Scope | Included | Included | Included |
| OT | 97129 | Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact. | | Out Of Scope | Included | Included | Included |
| PT | 97139 | Unlisted therapeutic procedure (specify) | | Out Of Scope | Included | Included | Included |
| OT | 97140 | Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97150 | Therapeutic procedure(s), group (2 or more individuals) | | Out Of Scope | Included | Included | Included |
| OT | 97165 | OT Initial Evaluation | | Out Of Scope | Included | Included | Included |
| OT | 97166 | OT Initial Evaluation | | Out Of Scope | Included | Included | Included |
| OT | 97167 | OT Initial Evaluation | | Out Of Scope | Included | Included | Included |
| OT | 97168 | OT Re-Evaluation | | Out Of Scope | Included | Included | Included |

| Category | CPT® Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|----------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| PT | 97530 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97535 | Self-care/home management training (eg, activities of daily living (ADL) & compensatory training, meal preparation, safety procedures, & instructions in use of assistive technology devices/adaptive equipment) direct 1:1 contact by provider, each 15 min. | | Out Of Scope | Included | Included | Included |
| OT | 97537 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97545 | Work hardening/conditioning; initial 2 hours | | Out Of Scope | Included | Included | Included |
| OT | 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) | | Out Of Scope | Included | Included | Included |
| PT | 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | | Out Of Scope | Included | Included | Included |
| OT | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97755 | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes | | Out Of Scope | Included | Included | Included |
| PT | 97761 | Prosthetic training, upper and/or lower extremity(s), each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes | | Out Of Scope | Included | Included | Included |
| OT | 97799 | Unlisted physical medicine/rehabilitation procedure | | Out Of Scope | Included | Included | Included |
| OT | 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) | | Out Of Scope | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Musculoskeletal Speech Therapy Management

| Category | CPT® Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|----------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| ST | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | | Out Of Scope | Included | Included | Included |
| ST | 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals | | Out Of Scope | Included | Included | Included |
| ST | 92521 | Evaluation of speech fluency (e.g., stuttering, cluttering) | | Out Of Scope | Included | Included | Included |
| ST | 92522 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) | | Out Of Scope | Included | Included | Included |
| ST | 92523 | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) | | Out Of Scope | Included | Included | Included |
| ST | 92524 | Behavioral and qualitative analysis of voice and resonance | | Out Of Scope | Included | Included | Included |
| ST | 92526 | Treatment of swallowing dysfunction and/or oral function for feeding. | | Out Of Scope | Included | Included | Included |
| ST | 92610 | Evaluation of oral and pharyngeal swallowing function | | Out Of Scope | Included | Included | Included |
| ST | 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording | | Out Of Scope | Included | Included | Included |
| ST | 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour. | | Out Of Scope | Included | Included | Included |
| ST | 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) | | Out Of Scope | Included | Included | Included |
| ST | 97535 | Self-care/home management training (eg, activities of daily living (ADL) & compensatory training, meal preparation, safety procedures, & instructions in use of assistive technology devices/adaptive equipment) direct 1:1 contact by provider, each 15 min. | | Out Of Scope | Included | Included | Included |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Sleep Management

| Category | CPT®/ HCPCS Codes | CPT® / HCPCS Description | Notations | Jefferson Health Plans | | Health Partners Plans | |
|----------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| | | | | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| Sleep | 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | | Included | Included | | |
| 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 | | Included | Included | | |
| Sleep | 95800 | Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time | | Included | Included | | |
| Sleep | 95801 | Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) | | Included | Included | | |
| Sleep | 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | | Included | Included | | |
| Sleep | 95806 | Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) | | Included | Included | | |
| Sleep | 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | | Included | Included | | |
| Sleep | 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | | Included | Included | | |
| Sleep | 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | | Included | Included | | |
| Sleep | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist | | Included | Included | | |
| Sleep | G0398 | Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation | | Included | Included | | |
| Sleep | G0399 | Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation | | Included | Included | | |
| Sleep | G0400 | Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels | | Included | Included | | |
| Sleep | K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | | Included | Included | | |

CPT® copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Prior Authorization Procedure List: Radiation Oncology

| | | | | Jefferson Health Plans | | Health Partners Plans | |
|---------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|--------------|-----------------------|------------------------|
| Category | CPT / HCPCS Codes | CPT / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
| 00-Brachy | | Brachytherapy | | | | | |
| 01-Brachy | 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | | Included | Included | Included | Included |
| 01-Brachy | 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | | Included | Included | Included | Included |
| 01-Brachy | 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | | Included | Included | Included | Included |
| 01-Brachy | 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | | Included | Included | Included | Included |
| 01-Brachy | 77761 | Intracavitary radiation source application; simple | | Included | Included | Included | Included |
| 01-Brachy | 77762 | Intracavitary radiation source application; intermediate | | Included | Included | Included | Included |
| 01-Brachy | 77763 | Intracavitary radiation source application; complex | | Included | Included | Included | Included |
| 01-Brachy | 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel | | Included | Included | Included | Included |
| 01-Brachy | 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | | Included | Included | Included | Included |
| 01-Brachy | 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel | | Included | Included | Included | Included |
| 01-Brachy | 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels | | Included | Included | Included | Included |
| 01-Brachy | 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels | | Included | Included | Included | Included |
| 01-Brachy | 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed | | Included | Included | Included | Included |
| 01-Brachy | 77789 | Surface application of low dose rate radionuclide source | | Included | Included | Included | Included |
| 01-Brachy | 77790 | Supervision, handling, loading of radiation source | | Included | Included | Included | Included |
| 01-Brachy | 77799 | Unlisted procedure, clinical brachytherapy (this code to be used in place of 77776 and 77777) | | Included | Included | Included | Included |
| 01-Brachy | 0394T | HDR electronic brachytherapy, skin surface application, per fraction | | Included | Included | Included | Included |
| 01-Brachy | 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction | | Included | Included | Included | Included |
| 01-Brachy | C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | | Included | Included | Included | Included |
| 01-Brachy | C9726 | Placement and removal (if performed) of applicator into breast for radiation therapy | | Included | Included | Included | Included |
| 01-Brachy | S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | | Included | Included | Included | Included |
| 01-Brachy | G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | | Included | Included | Included | Included |
| 02-Cardiac Focal Ablation | | Cardiac Focal Ablation | | | | | |
| 03-Cardiac Focal Ablation | 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | | Included | Included | Included | Included |

| Category | CPT® / HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| 04-Stereo | Stereotactic Radiation Therapy | | | | | | |
| 05-Stereo | 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | | Included | Included | Included | Included |
| 05-Stereo | 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | | Included | Included | Included | Included |
| 05-Stereo | 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | | Included | Included | Included | Included |
| 05-Stereo | 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) | | Included | Included | Included | Included |
| 05-Stereo | 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | | Included | Included | Included | Included |
| 05-Stereo | G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | | Included | Included | Included | Included |
| 05-Stereo | G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment | | Included | Included | Included | Included |
| 06-IMRT | Intensity Modulated Radiation Therapy (IMRT) | | | | | | |
| 07-IMRT | 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | | Included | Included | Included | Included |
| 07-IMRT | 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | | Included | Included | Included | Included |
| 07-IMRT | 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | | Included | Included | Included | Included |
| 07-IMRT | 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | | Included | Included | Included | Included |
| 07-IMRT | G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session | | Included | Included | Included | Included |
| 07-IMRT | G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | | Included | Included | Included | Included |
| 08-Neutron | Neutron Beam Radiation Therapy | | | | | | |
| 09-Neutron | 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | | Included | Included | Included | Included |
| 10-IORT | Intraoperative Radiation Therapy (IORT) | | | | | | |
| 11-IORT | 19294 | Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy | | Included | Included | Included | Included |
| 11-IORT | 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | | Included | Included | Included | Included |
| 11-IORT | 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | | Included | Included | Included | Included |
| 11-IORT | 77469 | Intraoperative radiation treatment management | | Included | Included | Included | Included |
| 12-Proton | Proton Beam Radiation Therapy | | | | | | |
| 13-Proton | 77520 | Proton treatment delivery; simple, without compensation | | Included | Included | Included | Included |
| 13-Proton | 77522 | Proton treatment delivery; simple, with compensation | | Included | Included | Included | Included |
| 13-Proton | 77523 | Proton treatment delivery; intermediate | | Included | Included | Included | Included |
| 13-Proton | 77525 | Proton treatment delivery; complex | | Included | Included | Included | Included |
| 13-Proton | S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | | Included | Included | Included | Included |

| Category | CPT® / HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-----------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| 14-Hyperthermia | | Hyperthermia Treatment | | | | | |
| 15-Hyperthermia | 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | | Included | Included | Included | Included |
| 15-Hyperthermia | 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | | Included | Included | Included | Included |
| 15-Hyperthermia | 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | | Included | Included | Included | Included |
| 15-Hyperthermia | 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | | Included | Included | Included | Included |
| 15-Hyperthermia | 77620 | Hyperthermia generated by intracavitary probe(s) | | Included | Included | Included | Included |
| 16-Management | | Radiation Treatment Management | | | | | |
| 17-Management | 77427 | Radiation treatment management, 5 treatments | | Included | Included | Included | Included |
| 17-Management | 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | | Included | Included | Included | Included |
| 17-Management | 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | | Included | Included | Included | Included |
| 17-Management | 77499 | Unlisted procedure, therapeutic radiology treatment management | | Included | Included | Included | Included |
| 17-Management | G6017 | 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 | | Included | Included | Included | Included |
| 18-planning | | Radiation Treatment Planning | | | | | |
| 19-planning | 77261 | Therapeutic radiology treatment planning; simple | | Included | Included | Included | Included |
| 19-planning | 77262 | Therapeutic radiology treatment planning; intermediate | | Included | Included | Included | Included |
| 19-planning | 77263 | Therapeutic radiology treatment planning; complex | | Included | Included | Included | Included |
| 19-planning | 77280 | Therapeutic radiology simulation-aided field setting; simple | | Included | Included | Included | Included |
| 19-planning | 77285 | Therapeutic radiology simulation-aided field setting; intermediate | | Included | Included | Included | Included |
| 19-planning | 77290 | Therapeutic radiology simulation-aided field setting; complex | | Included | Included | Included | Included |
| 19-planning | 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| 20-Delivery | | Radiation Treatment Delivery | | | | | |
| 21-Delivery | 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | | Included | Included | Included | Included |
| 21-Delivery | 77402 | Radiation treatment delivery, >1 MeV; simple | | Included | Included | Included | Included |
| 21-Delivery | 77407 | Radiation treatment delivery; two separate treatment areas; three or more ports on a single treatment area; or three or more simple blocks; >=1 MeV; intermediate | | Included | Included | Included | Included |
| 21-Delivery | 77412 | Radiation treatment delivery; three or more separate treatment areas; custom blocking; tangential ports; wedges; rotational beam; field-in-field or other tissue compensation that does not meet IMRT guidelines; or electron beam; >=1 MeV; complex | | Included | Included | Included | Included |
| 21-Delivery | 77417 | Therapeutic radiology port images(s) | | Included | Included | Included | Included |
| 21-Delivery | G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev | | Included | Included | Included | Included |
| 21-Delivery | G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev | | Included | Included | Included | Included |
| 21-Delivery | G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev | | Included | Included | Included | Included |
| 21-Delivery | G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater | | Included | Included | Included | Included |
| 21-Delivery | G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev | | Included | Included | Included | Included |
| 21-Delivery | G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev | | Included | Included | Included | Included |
| 21-Delivery | G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev | | Included | Included | Included | Included |
| 21-Delivery | G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater | | Included | Included | Included | Included |

| Category | CPT® / HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|-------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| 21-Delivery | G6011 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev | | Included | Included | Included | Included |
| 21-Delivery | G6012 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev | | Included | Included | Included | Included |
| 21-Delivery | G6013 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev | | Included | Included | Included | Included |
| 21-Delivery | G6014 | Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater | | Included | Included | Included | Included |
| 22-Guidance | | Image-Guided Radiation (IGRT) | | | | | |
| 23-Guidance | 77014 | Computed tomography guidance for placement of radiation therapy fields | | Included | Included | Included | Included |
| 23-Guidance | 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | | Included | Included | Included | Included |
| 23-Guidance | G6001 | Ultrasonic guidance for placement of radiation therapy fields | | Included | Included | Included | Included |
| 23-Guidance | G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | | Included | Included | Included | Included |
| 24-Devices | | Medical Radiation Physics, Dosimetry, and Treatment Devices | | | | | |
| 25-Devices | 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | | Included | Included | Included | Included |
| 25-Devices | 77300 | 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 | | Included | Included | Included | Included |
| 25-Devices | 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | | Included | Included | Included | Included |
| 25-Devices | 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | | Included | Included | Included | Included |
| 25-Devices | 77321 | Special teletherapy port plan, particles, hemibody, total body | | Included | Included | Included | Included |
| 25-Devices | 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | | Included | Included | Included | Included |
| 25-Devices | 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | | Included | Included | Included | Included |
| 25-Devices | 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | | Included | Included | Included | Included |
| 25-Devices | 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | | Included | Included | Included | Included |
| 23-Devices | 77336 | 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 | | Included | Included | Included | Included |
| 25-Devices | 77370 | Special medical radiation physics consultation | | Included | Included | Included | Included |
| 25-Devices | 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | | Included | Included | Included | Included |

| Category | CPT® / HCPCS Codes | CPT® / HCPCS Description | Notations | JHP Commercial (ACA) | JHP Medicare | HPP Medicaid | HPP Healthy Beginnings |
|---------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|--------------|--------------|------------------------|
| 26-RadioPharm | | Therapeutic Radiopharmaceuticals | | | | | |
| 27-Radiopharm | 79101 | Radiopharmaceutical, therapy, by intravenous administration | | Included | Included | Included | Included |
| 27-Radiopharm | 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment | | Included | Included | Included | Included |
| 27-Radiopharm | 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | | Included | Included | Included | Included |
| 27-Radiopharm | A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | | Included | Included | Included | Included |
| 27-Radiopharm | A9543 | Yttrium 90 Ibritumomab Tiuxetan (Zevalin) | | Included | Included | Included | Included |
| 27-Radiopharm | A9606 | Radium RA-223 dichloride, therapeutic, per microcurie (Xofigo) | | Included | Included | Included | Included |
| 27-Radiopharm | A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | | Included | Included | Included | Included |
| 27-Radiopharm | A9590 | Iodine i-131, iobenguane, 1 millicurie | | Included | Included | Included | Included |
| 27-Radiopharm | A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | | Included | Included | Included | Included |
| 28-Associated | | Associated Services with Radiation Therapy | | | | | |
| 29-Associated | 19298 | 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 | | Included | Included | Included | Included |
| 29-Associated | 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | | Included | Included | Included | Included |
| 29-Associated | 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | | Included | Included | Included | Included |
| 29-Associated | 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | | Included | Included | Included | Included |
| 29-Associated | 58346 | Insertion of Heyman capsules for clinical brachytherapy | | Included | Included | Included | Included |
| 29-Associated | 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | | Included | Included | Included | Included |
| 29-Associated | 76965 | Ultrasonic guidance for interstitial radioelement application | | Included | Included | Included | Included |
| 30-Neuro | | Neuro SRS | | | | | |
| 31-Neuro | 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | | Included | Included | Included | Included |
| 31-Neuro | 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| 31-Neuro | 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | | Included | Included | Included | Included |
| 31-Neuro | 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |
| 31-Neuro | 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | | Included | Included | Included | Included |

CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.



Jefferson Health Plans & Health Partners Plans Medical Oncology Code List

For the current Medical Oncology Code List, click [here](#).
Request access directly through SmartSheet if you cannot open the page.



Jefferson Health Plans & Health Partners Plans Medical Oncology Code List

For the current JHP Medical Oncology Code List, click [here](#).

For the current HPP Medical Oncology Code List, click [here](#).