

Diagnostic Imaging



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Computed Tomography	220.1		

NCD	Lung Cancer Screening with Low Dose Computed Tomography (LDCT)	210.14		
LCD LCA	Cardiac Computed Tomography & Angiography (CCTA)	L33423 A56691	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	L33559 A56737	J6 - National Government Services, Inc. (Part A/B MAC) JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI CT, NY, ME, MA, NH, RI, VT
LCD LCA	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)	L33947 A56451	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Coronary Computed Tomography Angiography (CCTA)	L35121 A57552	J5 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE
LCD LCA	Computerized Axial Tomography (CT), Thorax	L33459 A56580	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	CT of the Abdomen and Pelvis	L34415 A56421	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	CT of the Head	L34417 A56612	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Computed Tomography (CT) Colonography for Diagnostic Uses	L33562 A57026	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI

			JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD LCA	Virtual Colonoscopy (CT Colonography)	L34055 A56800	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Virtual Colonoscopy (CT Colonography)	L33452 A56772	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
NCD	Magnetic Resonance Imaging	220.2		
LCD LCA	MRI and CT Scans of the Head and Neck	L37373 A57204	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	MRI and CT Scans of the Head and Neck	L35175 A57215	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Lumbar MRI	L34220 A57206	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Lumbar MRI	L37281 A57207	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography	L33585 A52849	J6 - National Government Services, Inc. (Part A/B MAC) JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI CT, NY, ME, MA, NH, RI, VT
LCD LCA	Breast Imaging Mammography/Breast Echography (Sonography)/Breast MRI/Ductography	L33950 A56448	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Magnetic Resonance Angiography (MRA)	L33633 A56747	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI

			JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD LCA	Magnetic Resonance Angiography (MRA)	L34865 A56805	JH - Novitas Solutions, Inc. (Part A/B MAC) JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA
LCD LCA	Magnetic Resonance Angiography (MRA)	L34424 A56775	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Magnetic Resonance Angiography (MRA)	L34372 A57779	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI
NCD	FDG PET for Dementia and Neurodegenerative Diseases	220.6.13		
NCD	FDG PET for Myocardial Viability	220.6.8		
NCD	FDG PET for Refractory Seizures	220.6.9		
NCD	PET for Perfusion of the Heart	220.6.1		
NCD	Positron Emission Tomography (FDG) for Oncologic Conditions	220.6.17		
NCD	Positron Emission Tomography (NaF-18) to Identify Bone Metastasis of Cancer	220.6.19		
NCD	Beta Amyloid Positron Tomography in Dementia and Neurodegenerative Disease	220.6.20		
LCD LCA	Positron Emission Tomography (PET) Scan for Inflammation and Infection	L39521 A59318	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCA	Billing and Coding: Positron Emission Tomography Scans Coverage	A54668	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD LCA	Cardiac Catheterization and Coronary Angiography	L33959 A56500	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Cardiology Non-emergent Outpatient Stress Testing	L35083 A56423	JH - Novitas Solutions, Inc. (Part A/B MAC) JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA
LCD LCA	Cardiology Non-emergent Outpatient Stress Testing	L38396 A56952	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI
LCD LCA	Cardiac Radionuclide Imaging	L33457 A56476	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Multiple Imaging in Oncology	L35391 A56848	JH - Novitas Solutions, Inc. (Part A/B MAC) JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA

Description

Diagnostic imaging provides visualization of tissues and organs in the body to diagnose abnormalities and guide therapy. Techniques include, but may not be limited to:

- **Computed tomography (CT)** refers to a computerized x-ray imaging procedure in which a three-dimensional image (3D) of a body structure is revealed through a series of cross-sectional images or "slices." CT scans are often used to diagnose such conditions as blood clots, internal bleeding or injury or tumors.
- **Computed tomography angiography (CTA)** is a medical test that combines a CT scan with an injection of a special dye to produce pictures of blood vessels and tissues in a part of the body. Typical uses include, but may not be limited to, aneurysms, blood clots, congenital (birth-related) abnormalities or tumors.

- **Computed tomographic colonography (CTC)**, also known as virtual colonoscopy, is a minimally invasive method to examine the colon and rectum for abnormalities (eg, colorectal cancer, polyps). Helical CT and computer generated images are used to produce high-resolution two- and 3D images.
- **Magnetic resonance angiography (MRA)** is a procedure that uses radio waves and a powerful magnet linked to a computer to create detailed pictures of the blood vessels and blood flow inside the body. A dye may be injected into a vein to make the blood vessels and blood flow easier to see. MRA can be used to diagnose such conditions as aneurysm, renal artery stenosis or stroke.
- **Magnetic resonance cholangiopancreatography (MRCP)** is a special type of magnetic resonance imaging (MRI) exam that provides detailed images of the bile ducts, gallbladder, pancreas and pancreatic duct. Common uses of MRCP include, but may not be limited to, examination for infection, inflammation, stones or tumors, evaluation of pancreatitis and/or diagnosis of unexplained abdominal pain.
- **Magnetic resonance imaging (MRI)** is a non-invasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves. MRI is often used to detect such conditions as brain tumors, traumatic brain injury, dementia, infection or stroke.
- **Cardiac magnetic resonance imaging (CMR)** is a specific type of MRI that uses a magnetic field and radiofrequency waves to create detailed pictures of the heart and coronary arteries. Cardiac MRI can help providers to find the cause of heart failure or identify tissue damage due to a heart attack.
- **Positron emission tomography (PET) scan** is a procedure in which a small amount of radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed, computerized pictures of areas inside the body where the glucose is taken up. Typical uses for PET scans include, but may not be limited to, assessing cancers, neurological (brain) diseases and cardiovascular diseases.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above CMS guidance for **cardiac magnetic resonance, computed tomography, computed tomography angiography, magnetic resonance imaging, magnetic resonance angiography and positron emission tomography.**

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

[Abdominal MRI](#)

[Abdominal/Pelvic CT Angiography \(CTA\)](#)

[Abdominal/Pelvic CT Scan](#)

[Abdominal/Pelvic MR Angiography \(MRA\)](#)

[Ankle CT Scan](#)
[Ankle MRI](#)
[Arm CT Scan](#)
[Arm MRI](#)
[Arthrography, CT](#)
[Arthrography, MR](#)
[Bone Marrow MRI](#)
[Brain CT Scan](#)
[Brain Functional MRI](#)
[Brain MRI](#)
[Brain Positron Emission Tomography \(PET\)](#)
[Breast MRI](#)
[Cardiac CT Angiography \(CTA\)](#)
[Cardiac CT Scan](#)
[Cardiac MR Angiography \(MRA\)](#)
[Cardiac MRI](#)
[Cervical Spine CT Scan](#)
[Cervical Spine MRI](#)
[Chest CT Angiography \(CTA\)](#)
[Chest CT Scan](#)
[Chest MR Angiography \(MRA\)](#)
[Chest MRI](#)
[Cholangiopancreatography, MR \(MRCP\)](#)
[Colonography, CT \(Virtual Colonoscopy\)](#)
[Elbow CT Scan](#)
[Elbow MRI](#)
[Face and Sinuses CT Scan](#)
[Foot and Foot Joints CT Scan](#)
[Foot and Foot Joints MRI](#)
[Hand MRI](#)
[Head CT Angiography \(CTA\)](#)
[Head MR Angiography \(MRA\)](#)
[Hip CT Scan](#)
[Hip MRI](#)
[Knee MRI](#)
[Lower Extremity CT Scan](#)
[Lower Extremity MR Angiography \(MRA\)](#)
[Lower Extremity MRI](#)
[Lumbar Spine CT](#)
[Lumbar Spine MRI](#)
[Myelography, CT](#)
[Myocardial Positron Emission Tomography \(PET\) and PET-CT](#)
[Neck CT Angiography \(CTA\)](#)
[Neck CT Scan](#)
[Neck MR Angiography \(MRA\)](#)
[Neck, Orbit, and Face MRI](#)

[Orbit and Ear CT Scan](#)
[Pelvic MRI](#)
[Shoulder MRI](#)
[Temporomandibular Joint MRI](#)
[Thoracic Spine CT](#)
[Thoracic Spine MRI](#)
[Tumor Imaging Positron Emission Tomography \(PET\) and PET-CT](#)
[Upper Extremity CT Angiography \(CTA\)](#)
[Upper Extremity MR Angiography \(MRA\)](#)
[Urography, CT \(CT, IVP\)](#)
[Wrist CT Scan](#)
[Wrist MRI](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	
70450	Computed tomography, head or brain; without contrast material	
70460	Computed tomography, head or brain; with contrast material(s)	
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	

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	
70486	Computed tomography, maxillofacial area; without contrast material	
70487	Computed tomography, maxillofacial area; with contrast material(s)	
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	
70490	Computed tomography, soft tissue neck; without contrast material	
70491	Computed tomography, soft tissue neck; with contrast material(s)	
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	
70544	Magnetic resonance angiography, head; without contrast material(s)	
70545	Magnetic resonance angiography, head; with contrast material(s)	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	
70547	Magnetic resonance angiography, neck; without contrast material(s)	
70548	Magnetic resonance angiography, neck; with contrast material(s)	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	

70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	
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	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	
71250	Computed tomography, thorax, diagnostic; without contrast material	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	
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	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	
72125	Computed tomography, cervical spine; without contrast material	
72126	Computed tomography, cervical spine; with contrast material	
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	
72128	Computed tomography, thoracic spine; without contrast material	

72129	Computed tomography, thoracic spine; with contrast material	
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	
72131	Computed tomography, lumbar spine; without contrast material	
72132	Computed tomography, lumbar spine; with contrast material	
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72192	Computed tomography, pelvis; without contrast material	
72193	Computed tomography, pelvis; with contrast material(s)	
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	

72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
73200	Computed tomography, upper extremity; without contrast material	
73201	Computed tomography, upper extremity; with contrast material(s)	
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	
73700	Computed tomography, lower extremity; without contrast material	
73701	Computed tomography, lower extremity; with contrast material(s)	
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	

73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	
74150	Computed tomography, abdomen; without contrast material	
74160	Computed tomography, abdomen; with contrast material(s)	
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
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	
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	

74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	
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)	
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 evaluation	
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 evaluation	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
76380	Computed tomography, limited or localized follow-up study	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	

77047	Magnetic resonance imaging, breast, without contrast material; bilateral	
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	
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	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	
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	
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 to	
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 compute	
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);	
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 a	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	

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)	
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 stress (exercise or pharmacologic)	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	
78813	Positron emission tomography (PET) imaging; whole body	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	

CPT® Category III Code(s)	Description	Comments
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No code(s) identified

HCPCS Code(s)	Description	Comments
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi	
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi	
A9595	Piflufolastat f-18, diagnostic, 1 mCi	
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	

A9608	Flotufolastat f18, diagnostic, 1 millicurie	
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	
C8900	Magnetic resonance angiography with contrast, abdomen	
C8901	Magnetic resonance angiography without contrast, abdomen	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	
C8903	Magnetic resonance imaging with contrast, breast; unilateral	
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	
C8906	Magnetic resonance imaging with contrast, breast; bilateral	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	
C8912	Magnetic resonance angiography with contrast, lower extremity	
C8913	Magnetic resonance angiography without contrast, lower extremity	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	
C8918	Magnetic resonance angiography with contrast, pelvis	
C8919	Magnetic resonance angiography without contrast, pelvis	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	
C8934	Magnetic resonance angiography with contrast, upper extremity	
C8935	Magnetic resonance angiography without contrast, upper extremity	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	
C9156	Flotufolastat f 18, diagnostic, 1 millicurie	

C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	
G0219	PET imaging whole body; melanoma for noncovered indications	
G0235	PET imaging, any site, not otherwise specified	
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Not Covered
S8042	Magnetic resonance imaging (MRI), low-field	Not Covered

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Change Summary

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