

eviCore
Utilization Management
prior authorization list

eviCore Utilization Management prior authorization list

As part of Moda Health’s efforts to provide its plan holders with access to high-quality, cost-effective care, Moda has partnered with eviCore Healthcare to assist with managing and administering benefits through the Advanced Imaging and Musculoskeletal Utilization Management programs.

To verify your patient is employed by a group who requires prior authorization through eviCore for advanced imaging or musculoskeletal services, please check EBT for specific member benefits.

The following code lists cover which procedures and services require prior authorization through eviCore Healthcare:

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eviCore Advanced Imaging procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

Advanced Imaging procedures and services	
CPT Code	Description
76376	3D Rendering W/O Postprocessing
76377	3D Rendering W Postprocessing
70450	C T Head Without Contrast
70460	C T Head With Contrast
70470	C T Head Without & With Contrast
70480	C T Orbit Without Contrast
70481	C T Orbit With Contrast
70482	C T Orbit Without & With Contrast
70486	C T Maxillofacial Without Contrast
70487	C T Maxillofacial With Contrast
70488	C T Maxillofacial Without & With Contrast
70490	C T Soft Tissue Neck Without Contrast
70491	C T Soft Tissue Neck With Contrast
70492	C T Soft Tissue Neck Without & With Contrast
70496	C T Angiography Head
70498	C T Angiography Neck
71250	C T Thorax Without Contrast
71260	C T Thorax With Contrast
71270	C T Thorax Without & With Contrast
71275	C T Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections,Including Image Postprocessing
72125	C T Cervical Spine Without Contrast
72126	C T Cervical Spine With Contrast
72127	C T Cervical Spine Without & With Contrast
72128	C T Thoracic Spine Without Contrast
72129	C T Thoracic Spine With Contrast

70492	CT Soft Tissue Neck Without & With Contrast
72130	CT Thoracic Spine Without & With Contrast
72132	CT Lumbar Spine With Contrast
72133	CT Lumbar Spine Without & With Contrast
72191	CT Angiography Pelvis
72192	CT Pelvis Without Contrast
72193	CT Pelvis With Contrast
72194	CT Pelvis Without & With Contrast
73200	CT Upper Extremity Without Contrast
73201	CT Upper Extremity With Contrast
73202	CT Upper Extremity Without & With Contrast
73206	CT Angiography Upper Extremity
73700	CT Lower Extremity Without Contrast
73701	CT Lower Extremity With Contrast
73702	CT Lower Extremity Without & With Contrast
73706	CT Angiography Lower Extremity
74150	CT Abdomen Without Contrast
74160	CT Abdomen With Contrast
74170	CT Abdomen Without & With Contrast
74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	CT Angiography Abdomen
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST
74177	CT ABDOMEN AND PELVIS WITH CONTRAST
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
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
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
75635	CT Angiography Abdominal Aorta
76380	CT Limited Or Localized Follow-Up Study
76497	Unlisted computed tomography procedure
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77014	CT GUIDE PLCMNT RADIATION
77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton
0042T	CT PERFUSION BRAIN

70492	CT Soft Tissue Neck Without & With Contrast
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)
S8032	Low-dose Computed Tomography For Lung Cancer Screening
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET)
G0297	Low-dose Computed Tomography For Lung Cancer Screening
77058	M R I Breast With And/Or Without Contrast
77059	M R I Breast Bilateral
70544	M R A Head Without Contrast
70545	M R A Head With Contrast
70546	M R A Head With & Without Contrast
70547	M R A Neck Without Contrast
70548	M R A Neck With Contrast
70549	M R A Neck With & Without Contrast
71555	M R A Chest (Excluding Myocardium) With Or Without Contrast
72159	M R A Spinal Canal With Or Without Contrast
72198	M R A Pelvis With Or Without Contrast
73225	M R A Upper Extremity With Or Without Contrast
73725	M R A Lower Extremity With Or Without Contrast
74185	M R A Abdomen With Or Without Contrast
C8900	MRA Abdomen with contrast
C8901	MRA Abdomen without contrast
C8902	MRA Abdomen with and w/o contrast
C8909	MRA chest w/contrast (excluding myocardium)
C8910	MRA chest w/o contrast (excluding myocardium)
C8911	MRA chest (excluding myocardium)
C8912	MRA lower extremity w/ contrast
C8913	MRA lower extremity w/o contrast
C8914	MRA lower extremity w/ and w/o contrast
C8918	MRA pelvis w/ contrast
C8919	MRA pelvis w/o contrast
C8920	MRA pelvis w/ and w/o contrast
C8931	MRA, W/DYE, SPINAL CANAL
C8932	MRA, W/O DYE, SPINAL CANAL
C8933	MRA, W/O&W/DYE, SPINAL CANAL
C8934	MRA, W/DYE, UPPER EXTREMITY

70492	CT Soft Tissue Neck Without & With Contrast
C8935	MRA, W/O DYE, UPPER EXTR
C8936	MRA, W/O&W/DYE, UPPER EXTR
70336	M R I T M J
70540	M R I Orbit, Face, Neck and/or Without Contrast
70542	M R I Face, Orbit, Neck With Contrast
70543	M R I Face, Orbit, Neck With & Without Contrast
70551	M R I Head Without Contrast
70552	M R I Head With Contrast
70553	M R I Head With & Without Contrast
70554	MRI Brain, functional MRI
70555	MRI Brain, functional MRI, requiring physician
71550	M R I Chest Without Contrast
71551	M R I Chest With Contrast
71552	M R I Chest With & Without Contrast
72141	M R I Cervical Spine Without Contrast
72142	M R I Cervical Spine With Contrast
72146	M R I Thoracic Spine Without Contrast
72147	M R I Thoracic Spine With Contrast
72148	M R I Lumbar Spine Without Contrast
72149	M R I Lumbar Spine With Contrast
72156	M R I Cervical Spine With & Without Contrast
72157	M R I Thoracic Spine With & Without Contrast
72158	M R I Lumbar Spine With & Without Contrast
72195	M R I Pelvis Without Contrast
72196	M R I Pelvis With Contrast
72197	M R I Pelvis With & Without Contrast
73218	M R I Upper Extremity Without Contrast
73219	M R I Upper Extremity With Contrast
73220	M R I Upper Extremity With & Without Contrast
73221	M R I Upper Extremity Joint Without Contrast
73222	M R I Upper Extremity Joint With Contrast
73223	M R I Upper Extremity Joint With & Without Contrast
73718	M R I Lower Extremity Without Contrast
73719	M R I Lower Extremity With Contrast
73720	M R I Lower Extremity With & Without Contrast
73721	M R I Lower Extremity Joint Without Contrast
73722	M R I Lower Extremity Joint With Contrast
73723	M R I Lower Extremity Joint With & Without Contrast
74181	M R I Abdomen Without Contrast
74182	M R I Abdomen With Contrast
74183	M R I Abdomen With & Without Contrast
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation

70492	CT Soft Tissue Neck Without & With Contrast
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)
76390	M R I Spectroscopy
76498	Unlisted MRI Procedure
77021	M R I Guidance For Needle Placement
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
C8903	MRI Breast w/ contrast, unilateral
C8904	MRI Breast w/o contrast, unilateral
C8905	MRI Breast w. and w/o contrast, unilateral
C8906	MRI BREAST BILATERAL w/ CONTRAST
C8907	MRI BREAST BILATERAL w/o CONTRAST
C8908	MRI BREAST BILATERAL w/ and w/o CONTRAST
S8037	Magnetic resonance cholangiopancreato-graphy (MRCP)
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD
0398T	(MRgFUS), stereotactic ablation lesion, intracranial for movement disorder
78699	Unlisted Nuclear Medicine Procedure
78414	Non-Imaging Heart Function
78428	Cardiac Shunt Imaging
78445	Radionuclide Venogram Non-Cardiac
78466	Myocardial Infarction Scan
78468	Heart Infarct Image Ejection Fraction
78469	Heart Infarct Image 3D SPECT
78472	CARDIAC BLOODPOOL IMG, SINGLE
78473	CARDIAC BLOODPOOL IMG, MULTI
78481	Heart First Pass Single
78483	Cardiac Blood Pool Imaging -- Multiple
78494	Cardiac Blood Pool Imaging , SPECT
78496	Cardiac Blood Pool Imaging - Single Study @ Rest
78499	Unlisted Cardiovascular Procedure
78012	stimulation, suppression, or discharge, when performed)
78013	Thyroid imaging (including vascular flow, when performed)
78014	multiple uptake(s) quantitative measurement(s) (including stimulation,
78015	Thyroid Met Imaging
78016	Thyroid Met Imaging With Additional Studies
78018	Thyroid Scan Whole Body
78020	Thyroid Carcinoma Metastases Uptake
78070	Parathyroid planar imaging (including subtraction, when performed)
78071	tomographic (SPECT)

70492	CT Soft Tissue Neck Without & With Contrast
78072	tomographic (SPECT), and concurrently acquired computed tomography (CT)
78075	Adrenal Nuclear Imaging
78102	Bone Marrow Imaging, Limited
78103	Bone Marrow Imaging, Multiple
78104	Bone Marrow Imaging, Whole Body
78140	Labeled Red Cell Sequestration
78185	Spleen Imaging With & Without Vascular Flow
78195	Lymph System Imaging
78201	Liver Imaging
78202	Liver Imaging With Flow
78205	Liver Imaging SPECT (3D)
78206	Liver Imaging SPECT With Vasulcar Flow
78215	Liver & Spleen Imaging
78216	Liver & Spleen Imaging With Flow
78226	Hepatobiliary system imaging, including gallbladder when present;
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78230	Salivary Gland Imaging
78231	Serial Salivary Gland
78232	Salivary Gland Function Exam
78258	Esophogus Motility Study
78261	Gastric Mucosa Imaging
78262	Gastroesophageal Reflux Exam
78264	Gastric Emptying Study
78265	transit
78266	and colon transit, multiple days
78278	GI Bleeder Scan
78290	Meckels Diverticulum Imaging
78291	Leveen Shunt Patency Exam
78300	Bone Or Joint Imaging Limited
78305	Bone Or Joint Imaging Multiple
78306	Bone Scan Whole Body
78315	Bone Scan 3 Phase Study
78320	Bone Joint Imaging Tomo Test SPECT
78457	Venous Thrombosis Imaging Unilateral
78458	Venous Thrombosis Images, Bilateral
78579	Pulmonary ventilation imaging (eg, aerosol or gas)
78580	Pulmonary perfusion imaging (eg, particulate)
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78585	Pulmonary Perfusion With Washout With Or Without Single Breath
78597	Quantitative differential pulmonary perfusion, including imaging when performed

70492	CT Soft Tissue Neck Without & With Contrast
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
78600	Brain Imaging Limited Static
78601	Brain Limited Imaging And Flow
78605	Brain Imaging Complete
78606	Brain Imaging Complete With Flow
78607	Brain Imaging 3D
78610	Brain Flow Imaging Only
78630	Cisternogram (Cerebrospinal Fluid Flow)
78635	Cerebrospinal Ventriculography
78645	CSF Shunt Evaluation
78647	Cerebrospinal Fluid Scan (Tomographic) SPECT
78650	C S F Leakage Detection And Localization
78660	Radiopharmaceutical Dacryocystography
78700	Kidney Imaging Morphology
78701	Kidney Imaging With Vascular Flow
78707	Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention
78708	Kidney Imaging Single Study With Pharmacological Intervention
78709	Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention
78710	Kidney Imaging - Tomographic (SPECT)
78725	Kidney Function Study - Non-Imaging Radioisotopic
78730	Urinary Bladder Residual Study
78740	Ureteral Reflux Study
78761	Testicular Imaging With Vascular Flow
78800	Radiopharm Localization Of Tumor, Limited Area
78801	Radiopharm Localization Of Tumor, Multiple Areas
78802	Radiopharm Localization Of Tumor, Whole Body
78803	Radiopharm Localization Of Tumor Tomographic (SPECT)
78804	Radiopharm Localization Of Tumor, Whole Body
78805	Radiopharm Localization Of Abscess, Limited Area
78806	Radiopharm Localization Of Abscess, Whole Body
78807	Radiopharm Localization Of Abscess, Tomographic SPECT
78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation
78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, CHEST, HEAD/NECK)
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY

70492	CT Soft Tissue Neck Without & With Contrast
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED
G0252	DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL HEAD COINCIDENCE DETECTION SYSTEM. (Non-dedicated PET scan)
78814	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LIMITED
78815	CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL BASE TO MID-THIGH
78816	CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHOLE BODY

eviCore Ultrasound (OB and Non-OB) services and procedures

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

Ultrasound (OB and Non-OB) procedures and services	
CPT Code	Description
76801	Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Single Or First Gestation
76802	Ultrasound Obstetrical Pelvis, Pregnant Uterus, First Trimester less than 14 Weeks Each Additional Gestation
76805	Ultrasound Obstetrical Pelvis, Pregnant Uterus, B-Scan
76810	Ultrasound Obstetrical Pelvis Complete, Multiple Gestation After 1st Trimester
76811	Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Single Or First Gestation
76812	Ultrasound Pregnant Uterus Fetal & Maternal Evaluation Plus Fetal Anatomic Evaluation Transabdominal Each Additional Gestation
76813	Ultrasound, pregnant uterus, real time with image documentation
76814	Ultrasound, pregnant uterus, real time with image documentation
76815	Ultrasound Obstetrical Pelvis Limited (Gestational Age, Heart Beat, Emergency)
76816	Ultrasound Obstetrical Pelvis Follow Up Or Repeat
76817	Ultrasound Pregnant Uterus Transvaginal
76818	Fetal Biophysical Profile
76819	Fetal Biophysical Profile Without Stress Non Stress
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY
76825	Ultrasound Obstetrical Echocardiography, Fetal, Cardiovascular System
76826	Follow Up Or Repeat Study
76827	Doppler Echocardiography Fetal Complete
76828	Follow Up Or Repeat Study
76506	USECHOENCEPHALOGRAPHY
76536	US SOFT TISSUE HEAD AND NECK
76604	US CHEST REAL TIME WITH IMAGE DOCUMENTATION
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY
76700	ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION
76705	U/S SINGLE ORGAN
76770	ULTRASOUND,RETROPEROTONRAL,REAL TIME WITH IMAGE DOCUMENTATION;COMPLETE
76775	US ECHO LIMITED
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	US ECHO SPINAL CANAL
76830	U/S TRANSVAGINAL
76831	HYSTEROSONOGRAPHY W OR W/O COL
76856	ULTRASOUND PELVIC REAL TIME WITH IMAGE DOCUMENTATION;COMPLETE
76857	US PEL LIM OR F/U
76870	US ECHO SCROTUM
76872	U/S TRANSRECTAL
76881	Ultrasound, extremity, non-vascular, real time with image documentation; complete
76882	Ultrasound, extremity, non-vascular, real time with image documentation; limited, anatomic specific
76885	US ECHO, INFANT HIPS REALTIME
76886	US,Infant Hips,Real Time;Limited, Static
76970	US STUDY FOLLOW UP
76975	Ultrasound Gastrointestinal, Endoscopic
76999	Echo examination procedure
93880	DUPLEX SCAN EXTRACRANIAL ARTERIES
93882	DUPLEX SCAN EXTRACRANIAL ARTERIES
93886	TRANSCRANIAL DOPPLER STUDY INTRACRANIAL ARTERIES
93888	TRANSCRANIAL DOPPLER STUDY INTRACRANIAL ARTERIES; LIMITED
93890	Transcranial Doppler vasoreactivity study
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
93922	NON-INVASIVE PHYSIOLOGIC STUDIES
93923	NON-INVASIVE PHYSIOLOGIC STUDIES
93924	NON-INVASIVE PHYSIOLOGIC STUDIES
93925	DUPLEX SCAN LOW EXT. ART. OR ART BYPASS GRAFTS
93926	DUPLEX SCAN LOW EXT. ART. OR ART BYPASS GRAFTS; UNILATERAL
93930	DUPLEX SCAN UP EXT. ART. OR ART BYPASS GRAFTS
93931	DUPLEX SCAN UP EXT. ART. OR ART BYPASS GRAFTS; UNILATERAL
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS
93970	DUPLEX SCAN EXT. VEINS, COMPLE
93971	DUPLEX SCAN EXT. VEINS, UNILAT

76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY
G0389	Ultrasound B-Scan And/Or Real Time With Image Documentation; For Abdominal Aortic Aneurysm (AAA) Screening

eviCore Cardiac Imaging procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

Cardiac Imaging procedures and services	
CPT Code	Description
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33212	Insertion of pacemaker pulse generator only; with existing single lead
33213	Insertion of pacemaker pulse generator only; with existing dual leads
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)
33221	Insertion of pacemaker pulse generator only; with existing multiple leads
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead

33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
33262	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
33263	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
0387T	Implantation or replacement of permanent leadless ventricular pacemaker
0388T	Removal of permanent leadless ventricular pacemaker
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
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 of venous structures, if performed)
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography
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

33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
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) for left ventriculography, when performed
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) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)
93530	RIGHT HEART CATHETERIZATION (CHD)
93531	RIGHT/LEFT HEART CATHETERIZATION (CHD)
93532	RIGHT/LEFT HEART CATHETERIZATION (CHD-TS)
93533	RIGHT/LEFT HEART CATHETERIZATION (CAD-ASD)
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
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
93307	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; complete
93308	Echocardiography, transthoracic, real-time with image documentation (2d) with or without m-mode recording; follow-up or limited study
93312	TEE 2D;Incl Probe Placement, Imaging/Interp/Report

33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
93318	Echo transesophageal intraop
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study
93325	Doppler echocardiography color flow velocity mapping
C8921	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; complete
C8922	Transthoracic echocardiography w/contrast for congenital cardiac anomalies; f/u or limited study
C8923	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; complete
C8924	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording; f/u or limited study
C8928	Transthoracic echocardiography w/contrast, real-time w/image documentation (2d), w/wo m-mode recording, during rest and cardiovascular stress test, w/interpretation and report
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
93350	Echocardiography, transthoracic, real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test, with interpretation and report

33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
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
93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)
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
75565	Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary procedure)
78451	Myocardial perfusion imaging, tomographic (spect) including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
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)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation
78491	Myocardial imaging, positron emission tomography (pet), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (pet), perfusion; multiple studies at rest and/or stress
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads

eviCore MSK Interventional Pain Management procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

MSK interventional Pain Management procedures and services	
CPT Code	Description
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic - (Retired as of 1/1/17)
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) (Retired as of 1/1/17)
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic (Retired as of 1/1/17)
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) (Retired as of 1/1/17)
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 (New code as of 1/1/17)

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, lumbar or sacral (caudal); without imaging guidance (New code as of 1/1/17)
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 (New code as of 1/1/17)
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) (New code as of 1/1/17)
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 (New code as of 1/1/17)
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) (New code as of 1/1/17)
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 (New code as of 1/1/17)
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) (New code as of 1/1/17)
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
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
62355	Removal of previously implanted intrathecal or epidural catheter
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump

62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
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)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
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)
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
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)
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
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)
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)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)

62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
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)

eviCore MSK Joint Surgery procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

MSK Joint Surgery procedures and services	
CPT Code	Description
23120	Claviculectomy; partial
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23490	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27330	Arthrotomy, knee; with synovial biopsy only
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	Quadricepsplasty (eg, Bennett or Thompson type)DY
27435	Capsulotomy, posterior capsular release, knee
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;)
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
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)
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
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
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
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair

eviCore MSK Spine procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

MSK Spine procedures and services	
CPT Code	Description
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
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)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral

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)
22513	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance
22514	Injection of bone cement into body of lower spine bone accessed through the skin using imaging guidance
22515	Injection of bone cement into body of middle or lower spine bone accessed through the skin using imaging guidance
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
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)
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
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)
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

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)
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
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	Exploration of spinal fusion
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)
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
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)
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)
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)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)

22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
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)
22849	Reinsertion of spinal fixation device
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure) (deleted as of 1/1/17)
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when conjunction with interbody arthrodesis, each interspace (List performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
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)
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
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
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)
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)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22867	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 discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

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)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
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)
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 discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
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
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
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
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
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
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)
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
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
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
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

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)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
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)
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)
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
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
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
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
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-plates], when performed)
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
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)

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)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
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)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
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)
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; thoracic, single interspace
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)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
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)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
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)
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
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)
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
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)

77002	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

eviCore Physical and Alternative medicine procedures and services

Moda Health Commercial Group and Individual Members*

Updated 1/1/2017

*Check EBT to verify member enrollment in eviCore program

Physical and Alternative medicine Procedures and Services	
CPT/HCPC/Rev Codes	Description
420	PHYSICAL THERAPY
421	PHYSICAL THERAPY: VISIT CHARGE
422	PHYSICAL THERAPY: HOURLY CHARGE
423	PHYSICAL THERAPY: GROUP RATE
424	PHYSICAL THERAPY: EVALUATION/RE-EVALUATION
429	PHYSICAL THERAPY: OTHER PHYSICAL THERAPY
430	OT General
431	OT Visit Code
432	OCCUPATIONAL THERAPY: HOURLY CHARGE
433	OCCUPATIONAL THERAPY: GROUP RATE
434	OCCUPATIONAL THERAPY: EVALUATION/RE-EVALUATION
439	OCCUPATIONAL THERAPY: OTHER OCCUPATIONAL THERAPY
28520	Strapping, hip
29105	Application of long arm splint(shoulder to hand)
29125	Application of short arm splint (forearm to hand), static
29126	Application of short arm splint (forearm to hand), dynamic
29130	Application of finger splint, static
29131	Application of finger splint, dynamic
29200	Strapping; thorax
29220	Strapping, thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot

29105	Application of long arm splint(shoulder to hand)
29550	Strapping; toes
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
97001	Physical therapy evaluation (Retired as of 1/1/17)
97002	Physical therapy re-evaluation (Retired as of 1/1/17)
97003	Occupational therapy evaluation (Retired as of 1/1/17)
97004	Occupational therapy re-evaluation (Retired as of 1/1/17)
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	(unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97020	Microwave
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

29105	Application of long arm splint(shoulder to hand)
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 activities
97113	with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care (new code as of 1/1/17)
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care (new code as of 1/1/17)
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; (new code as of 1/1/17)
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required (new code as of 1/1/17)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
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, each 15 minutes
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes

29105	Application of long arm splint(shoulder to hand)
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97545	Work hardening /conditioning; initial 2 hours
97546	Work hardening /conditioning; each additional hour (list separately in addition to code for primary procedure)
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, with written report, each 15 minutes
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
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
G0151	Services of physical therapist in home health setting, each 15 minutes
G0152	Services of occupational therapist in home health setting, each 15 minutes
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0283	other than wound care, as part of a therapy plan of care
440	SPEECH-LANGUAGE PATHOLOGY
441	SPEECH-LANGUAGE PATHOLOGY: VISIT CHARGE
442	SPEECH-LANGUAGE PATHOLOGY: HOURLY CHARGE
443	SPEECH-LANGUAGE PATHOLOGY: GROUP RATE
444	SPEECH-LANGUAGE PATHOLOGY: EVALUATION/ RE-EVALUATION
31575	Laryngoscopy, flexible fiberoptic; diagnostic
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92511	Nasopharyngoscopy with endoscope (separate procedure)

29105	Application of long arm splint(shoulder to hand)
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	apraxia, dysarthria);
92523	apraxia, dysarthria); with evaluation of language comprehension and
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)

29105	Application of long arm splint(shoulder to hand)
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
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96125	Assessment) per hour of a qualified health care professional's time, both face-
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97026	Application of a modality to 1 or more areas; infrared
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands

29105	Application of long arm splint(shoulder to hand)
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
97001	Physical therapy evaluation (Retired as of 1/1/17)
97002	Physical therapy re-evaluation (Retired as of 1/1/17)
97003	Occupational therapy evaluation (Retired as of 1/1/17)
97004	Occupational therapy re-evaluation (Retired as of 1/1/17)
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
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 activities
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97161	Physical therapy evaluation, low complexity, requiring these components:

29105	Application of long arm splint(shoulder to hand)
97162	Physical therapy evaluation moderate complexity, requiring these components:
97163	Physical therapy evaluation high complexity, requiring these components:
97164	Re-evaluation of physical therapy established plan of care, requiring these components:
97165	Occupational therapy evaluation, low complexity, requiring these components:
97166	Occupational therapy evaluation, moderate complexity, requiring these components:
97167	Occupational therapy evaluation, high complexity, requiring these components:
97168	Re-evaluation of occupational therapy established plan of care, requiring these components:
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
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
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care