



Priority Health Cardiology, Radiology, and Ultrasound Code List

Category	CPT® Code	CPT® Code Description	Code Management
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Medical Review Required
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Medical Review Required
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Medical Review Required
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Medical Review Required
CCTA	75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Medical Review Required
CCTA	75572	COMPUTED TOMOGRAPHY HEART WITH CONTRAST MATERIAL FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	Prior Notification Only
CCTA	75573	COMPUTED TOMOGRAPHY HEART WITH CONTRAST MATERIAL FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	Prior Notification Only
CCTA	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Medical Review Required
CMRI	75557	CARDIAC MRI FOR MORPH	Medical Review Required
CMRI	75559	CARDIAC MRI WITH STRESS IMG	Medical Review Required
CMRI	75561	CARDIAC MRI FOR MORPH WITH DYE	Prior Notification Only
CMRI	75563	CARD MRI WITH STRESS IMAGE & DYE	Prior Notification Only
CPET	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Medical Review Required
CPET	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
CPET	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Medical Review Required
CPET	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Medical Review Required
CPET	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Medical Review Required
CPET	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study	Medical Review Required
CPET	78491	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Medical Review Required
CPET	78492	Myocardial imaging, positron emission tomography (PET), perfusion study(including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and/or stress (exercise or pharmacologic)	Medical Review Required
CT	70450	CT OF THE HEAD/BRAIN WITHOUT CONTRAST	Medical Review Required
CT	70460	CT HEAD/BRAIN WITH CONTRAST	Medical Review Required
CT	70470	CT HEAD/BRAIN W/O CONTRAST THEN WITH	Medical Review Required
CT	70480	CT ORBIT/SELLA/OUTER-MID-INNER EAR	Prior Notification Only
CT	70481	CT ORBIT/SELLA/OUTER-MID-INNER EAR	Prior Notification Only
CT	70482	CT ORBIT/SELLA/EAR W/O CONTRAST THEN WITH	Prior Notification Only
CT	70486	CT OF THE MAXILLOFACIAL AREA	Prior Notification Only
CT	70487	CT MAXILLOFACIAL AREA WITH CONTRAST	Prior Notification Only
CT	70488	CT MAXILLOFACIAL W/O CONTRAST THEN WITH	Prior Notification Only
CT	70490	CT SOFT TISS NECK W/O CONTRAST	Medical Review Required
CT	70491	CT OF THE NECK AND SOFT TISSUES	Medical Review Required
CT	70492	CT SOFT TISS NECK with & W/O CONTRAST	Medical Review Required
CT	70496	CT ANGIOGRAPHY HEAD	Medical Review Required
CT	70498	CT ANGIOGRAPHY NECK	Medical Review Required
CT	71250	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL	Medical Review Required
CT	71260	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST MATERIAL(S)	Medical Review Required
CT	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
CT	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	Medical Review Required
CT	71275	CT ANGIOGRAPHY OF THE CHEST	Prior Notification Only
CT	72125	CT CERVICAL SPINE W/O CONTRAST	Medical Review Required
CT	72126	CT CERVICAL SPINE WITH CONTRAST	Medical Review Required
CT	72127	CT CERV SPINE W/O CONTRAST THEN WITH	Medical Review Required
CT	72128	CT THORACIC SPINE W/O CONTRAST	Medical Review Required
CT	72129	CT THORACIC SPINE WITH CONTRAST	Medical Review Required
CT	72130	CT THORACIC SPINE W/O CONTRAST THE	Medical Review Required
CT	72131	CT LUMBAR SPINE W/O CONTRAST	Medical Review Required
CT	72132	CT LUMBAR SPINE WITH CONTRAST	Medical Review Required
CT	72133	CT LUMBAR SPINE W/O CONTRAST THEN	Medical Review Required
CT	72191	CT ANGIOGRAPH PELVIS WITH & W/O CONTRAST	Medical Review Required
CT	72192	CT PELVIS W/O CONTRAST	Medical Review Required
CT	72193	CT PELVIS WITH CONTRAST	Medical Review Required
CT	72194	CT PELVIS W/O CONTRAST THEN WITH CONTRAST	Medical Review Required
CT	73200	CT UPPER EXTREM W/O CONTRAST	Medical Review Required
CT	73201	CT UPPER EXTREM WITH CONTRAST	Medical Review Required
CT	73202	CT UPPER EXTREM W/O CONTRAST THEN WITH	Medical Review Required
CT	73206	CT ANGIO UPR EXTRM WITH & W/O CONTRAST	Prior Notification Only
CT	73700	CT LOWER EXTREM W/O CONTRAST	Medical Review Required
CT	73701	CT LOWER EXTREM WITH CONTRAST	Medical Review Required
CT	73702	CT LOWER EXTREM W/O CONTRAST THEN WITH	Medical Review Required
CT	73706	CT ANGIO LWR EXTR WITH & W/O CONTRAST	Medical Review Required
CT	74150	CT CTABD W/O CONTRAST	Medical Review Required
CT	74160	CT CTABD WITH CONTRAST	Medical Review Required
CT	74170	CT CTABD W/O CONTRAST THEN WITH CONTRAST	Medical Review Required
CT	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST	Medical Review Required
CT	74175	CT ANGIO ABDOMEN WITH & W/O CONTRAST	Medical Review Required
CT	74176	CT OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST	Prior Notification Only
CT	74177	CT OF THE ABDOMEN WITH CONTRAST	Prior Notification Only
CT	74178	CT OF THE ABDOMEN AND PELVIS	Prior Notification Only
CT	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITHOUT CONTRAST	Prior Notification Only
CT	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITH CONTRAST MA	Prior Notification Only
CT	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY SCREENING INCLUDING IMAGE POSTPROCESSING	Prior Notification Only
CT	75635	CT ANGIO ABDOMINAL ARTERIES	Prior Notification Only

Category	CPT® Code	CPT® Code Description	Code Management
CT	77078	CT BONE DENSITY STUDY	Medical Review Required
CT	0042T	CT PERFUSION W/CONTRAST, CBF	Medical Review Required
CT	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	Medical Review Required - Investigational
CT	0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	Medical Review Required - Investigational
CT	0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	Medical Review Required - Investigational
MR	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Medical Review Required
MR	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	Medical Review Required
MR	0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND COLLAGEN) IN AT LEAST 3 DISCS	Medical Review Required - Investigational
MR	0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	Medical Review Required - Investigational
MR	0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	Medical Review Required - Investigational
MR	0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	Medical Review Required - Investigational
MRA	70544	MRI ANGIOGRAPHY HEAD W/O CONTRAST	Medical Review Required
MRA	70545	MRI ANGIOGRAPHY HEAD WITH CONTRAST	Medical Review Required
MRA	70546	MRI ANGIOGRAPHY HEAD WITH & W/O CONTRAST	Medical Review Required
MRA	70547	MRI ANGIOGRAPHY NECK W/O CONTRAST	Medical Review Required
MRA	70548	MRI ANGIOGRAPHY NECK W/ CONTRAST	Medical Review Required
MRA	70549	MRI ANGIOGRAPHY NECK WITH & W/O CONTRAST	Medical Review Required
MRA	71555	MRA CHEST WITH & W/O CONTRAST	Medical Review Required
MRA	72159	MRA SPINAL CANAL & CONTENTS WITH CONTRAST	Prior Notification Only

Category	CPT® Code	CPT® Code Description	Code Management
MRA	72198	MRA PELVIS WITH & W/O CONTRAST	Medical Review Required
MRA	73225	MRA UPPER EXTREM WITH & W/O CONTRAS	Prior Notification Only
MRA	73725	MRA LOWER EXTREM WITH & W/O CONTRAST	Medical Review Required
MRA	74185	MRA ABD WITH & W/O CONTRAST	Medical Review Required
MRA	C8900	MRA ABDOMEN WITH CONTRAST	Medical Review Required
MRA	C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	Medical Review Required
MRA	C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST ABDOMEN	Medical Review Required
MRA	C8910	MRA WITHOUT CONTRAST CHEST (EXCLUDING MYOCARDIUM)	Medical Review Required
MRA	C8911	MRA CHEST	Medical Review Required
MRA	C8912	MRA WITH CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	C8913	MRA WITHOUT CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	C8914	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST LOWER EXTREMITY	Medical Review Required
MRA	C8918	MRA WITH CONTRAST PELVIS	Medical Review Required
MRA	C8919	MRA WITHOUT CONTRAST PELVIS	Medical Review Required
MRA	C8920	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST PELVIS	Medical Review Required
MRA	C8931	MRA WITH CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	C8932	MRA WITHOUT CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	C8933	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST SPINAL CANAL AND CONTENTS	Prior Notification Only
MRA	C8934	MRA WITH CONTRAST UPPER EXTREMITY	Prior Notification Only
MRA	C8935	MRA WITHOUT CONTRAST UPPER EXTREMITY	Prior Notification Only
MRA	C8936	MRA WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST UPPER EXTREMITY	Prior Notification Only
MRI	70336	MRI TMJ	Medical Review Required
MRI	70540	MRI ORBIT FACE AND NECK	Medical Review Required
MRI	70542	MRI ORBIT/FACE/NECK WITH CONTRAST	Medical Review Required
MRI	70543	MRI ORBT FACE/NCK WITH & W/O CONTRAST	Medical Review Required
MRI	70551	MRI OF THE BRAIN WITHOUT CONTRAST	Medical Review Required
MRI	70552	MRI BRAIN WITH CONTRAST	Medical Review Required
MRI	70553	MRI BRAIN WITH & W/O CONTRAST	Medical Review Required
MRI	70554	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI INCLUDING TEST SELECTION AND ADMINISTRATION OF RE	Medical Review Required
MRI	70555	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATIO	Medical Review Required
MRI	71550	MRI CHEST	Medical Review Required
MRI	71551	MRI CHEST WITH CONTRAST	Medical Review Required
MRI	71552	MRI CHEST WITH & W/O CONTRAST	Medical Review Required
MRI	72141	MRI OF THE SPINE WITHOUT CONTRAST	Medical Review Required
MRI	72142	MRI SPINAL CANAL & CONTENTS CERV WITH CONTRAST	Medical Review Required
MRI	72146	MRI SPINAL CANAL & CONTENTS THORACIC	Medical Review Required

Category	CPT® Code	CPT® Code Description	Code Management
MRI	72147	MRI SPINAL CANAL & CONTENTS THORACIC	Medical Review Required
MRI	72148	MAGNETIC RESONANCE (e.g., PROTON) IMAGING SPINAL CANAL AND CONTENTS LUMBAR WITHOUT CONTRAST MATERIAL	Medical Review Required
MRI	72149	MRI SPINAL CANAL & CONTENTS LUMBAR	Medical Review Required
MRI	72156	MRI SPINAL CANAL W/O THEN WITH CONTRAST CERV	Medical Review Required
MRI	72157	MRI SPINAL CANAL W/O THEN WITH CONTRAST THORACIC	Medical Review Required
MRI	72158	MRI of the spine with and without contrast	Medical Review Required
MRI	72195	MRI PELVIS W/O CONTRAST	Medical Review Required
MRI	72196	MRI PELVIS	Medical Review Required
MRI	72197	MRI PELVIS WITH & W/O CONTRAST	Medical Review Required
MRI	73218	MRI UPPER EXTREMITY W/O CONTRAST	Medical Review Required
MRI	73219	MRI UPPER EXTREMITY WITH CONTRAST	Prior Notification Only
MRI	73220	MRI UPPER EXTREM OTHER THAN JT	Medical Review Required
MRI	73221	MRI OF THE UPPER EXTREMITY	Medical Review Required
MRI	73222	MRI JOINT UPR EXT WITH CONTRAST	Medical Review Required
MRI	73223	MRI JOINT UPR EXTR WITH & W/O CONTRAST	Medical Review Required
MRI	73718	MRI LOWER EXTREMITY W/O CONTRAST	Medical Review Required
MRI	73719	MRI LOWER EXT WITH CONTRAST	Medical Review Required
MRI	73720	MRI LOWER EXTREM OTHER THAN JOINT	Medical Review Required
MRI	73721	MRI OF THE LOWER EXTREMITY	Medical Review Required
MRI	73722	MRI JOINT OF LWR EXTR WITH CONTRAST	Medical Review Required
MRI	73723	MRI JOINT LWR EXTR WITH & W/O CONTRAST	Medical Review Required
MRI	74181	MRI ABDOMEN	Medical Review Required
MRI	74182	MRI ABDOMEN WITH CONTRAST	Medical Review Required
MRI	74183	MRI OF THE ABDOMEN WITH AND WITHOUT CONTRAST	Medical Review Required
MRI	74712	MRI FETAL SNGL/1ST GESTATION	Prior Notification Only
MRI	74713	MAGNETIC RESONANCE (e.g., PROTON) IMAGING FETAL INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) - NO PA RULE	Prior Notification Only
MRI	76390	MR SPECTROSCOPY	Medical Review Required
MRI	76391	Magnetic resonance (eg, vibration) elastography	Medical Review Required
MRI	77084	MAGNETIC RESONANCE (e.g., PROTON) IMAGING BONE MARROW BLOOD SUPPLY	Prior Notification Only
MRI	C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST BREAST UNILATERAL	Medical Review Required
MRI	C8905	MRI BREAST WITH & W/O CONTRAST	Medical Review Required
MRI	C8906	MRI WITH CONTRAST BREAST BILATERAL	Medical Review Required
MRI	C8908	MRI WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST BREAST BILATERAL	Medical Review Required
MRI	C8909	MRA WITH CONTRAST CHEST (EXCLUDING MYOCARDIUM)	Medical Review Required
MRI	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	Medical Review Required - Investigational

Category	CPT® Code	CPT® Code Description	Code Management
MRI	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	Medical Review Required - Investigational
NUC CARD	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION QUALITATIVE OR QUANTITATIVE WALL MOTION	Prior Notification Only
NUC CARD	78452	MYOCARDIAL PERFUSION IMAGING	Prior Notification Only
NUC CARD	78453	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FR	Prior Notification Only
NUC CARD	78454	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FR	Prior Notification Only
NUC CARD	78481	CARDIAC BLOOD POOL IMAGING (PLANAR) FIRST PASS TECHNIQUE SINGLE STUDY AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION WITH OR WITHOUT QUANTIFICATION	Prior Notification Only
NUC MED	78472	CARDIAC BLD POOL IMAG GATED SNGL EQUILIB	Medical Review Required
NUC MED	78473	CARDIAC BLD POOL IMAG GATED MX EQUILIB	Prior Notification Only
NUC MED	78483	CARDIAC BLOOD POOL IMAGING (PLANAR) FIRST PASS TECHNIQUE MULTIPLE STUDIES AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION WITH OR WITHOUT QUANTIFICATION	Prior Notification Only
NUC MED	78494	CARDI BLOOD POOL IMAG REST WITH & W/O QUANTIFICATION	Prior Notification Only
PET	78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET)	Medical Review Required
PET	78609	BRAIN IMAG POSITRON EMISSION TOMOGR	Medical Review Required
PET	78811	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) LIMITED AREA	Medical Review Required
PET	78812	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) SKULL BASE TO MID-THIGH	Medical Review Required
PET	78813	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WHOLE BODY	Medical Review Required
PETCT	78814	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Medical Review Required
PETCT	78815	PET CT FOR TUMOR IMAGING	Medical Review Required
PETCT	78816	TUMOR IMAGING POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	Medical Review Required

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