

# HIP RADIOLOGY PROGRAM CODE LISTS

EFFECTIVE OCTOBER 1, 2012

CPT CODE	PROCEDURE DESCRIPTION
70336	MAGNETIC RESONANCE IMAGING TMJ
70450	COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST
70460	COMPUTED TOMOGRAPHY HEAD/BRAIN WITH CONTRAST
70470	COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT AND WITH CONTRAST
70480	COMPUTED TOMOGRAPHY ORBIT WITHOUT CONTRAST
70481	COMPUTED TOMOGRAPHY ORBIT WITH CONTRAST
70482	COMPUTED TOMOGRAPHY ORBIT WITHOUT AND WITH CONTRAST
70486	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST
70487	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITH CONTRAST
70488	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT AND WITH CONTRAST
70490	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST
70491	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITH CONTRAST
70492	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT AND WITH CONTRAST
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK
70540	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST
70542	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITH CONTRAST
70543	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHAND WITHOUT CONTRAST
70544	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST
70545	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST
70546	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHAND WITHOUT CONTRAST
70547	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST
70548	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHCONTRAST
70549	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHAND WITHOUT CONTRAST

CPT CODE	PROCEDURE DESCRIPTION
70551	MAGNETIC RESONANCE IMAGING HEAD WITHOUT CONTRAST
70552	MAGNETIC RESONANCE IMAGING HEAD WITH CONTRAST
70553	MAGNETIC RESONANCE IMAGING HEAD WITH AND WITHOUT CONTRAST
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MAGNETIC RESONANCE IMAGING; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MAGNETIC RESONANCE IMAGING; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING
71250	COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST
71260	COMPUTED TOMOGRAPHY THORAX WITH CONTRAST
71270	COMPUTED TOMOGRAPHY THORAX WITHOUT AND WITH CONTRAST
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST, NON-CORONARY
71550	MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST
71551	MAGNETIC RESONANCE IMAGING CHEST WITHCONTRAST
71552	MAGNETIC RESONANCE IMAGING CHEST WITHAND WITHOUT CONTRAST
71555	MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXC MYOCARDIUM) WITH OR WITHOUT CONTRAST
72125	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST
72126	COMPUTED TOMOGRAPHY CERVICAL SPINE WITH CONTRAST
72127	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT AND WITH CONTRAST
72128	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST
72129	COMPUTED TOMOGRAPHY THORACIC SPINE WITH CONTRAST
72130	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT AND WITH CONTRAST
72131	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST
72132	COMPUTED TOMOGRAPHY LUMBAR SPINE WITH CONTRAST
72133	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT AND WITH CONTRAST

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72141	MAGNETIC RESONANCE IMAGING CERVICAL SPINE WITHOUT CONTRAST
72142	MAGNETIC RESONANCE IMAGING CERVICAL SPINE WITH CONTRAST
72146	MAGNETIC RESONANCE IMAGING THORACIC SPINE WITHOUT CONTRAST
72147	MAGNETIC RESONANCE IMAGING THORACIC SPINE WITH CONTRAST
72148	MAGNETIC RESONANCE IMAGING LUMBAR SPINE WITHOUT CONTRAST
72149	MAGNETIC RESONANCE IMAGING LUMBAR SPINE WITH CONTRAST
72156	MAGNETIC RESONANCE IMAGING C SPINE WITH AND WITHOUT CONTRAST
72157	MAGNETIC RESONANCE IMAGING T SPINE WITH AND WITHOUT CONTRAST
72158	MAGNETIC RESONANCE IMAGING L SPINE WITH AND WITHOUT CONTRAST
72159	MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL WITH OR WITHOUT CONTRAST
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS
72192	COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST
72193	COMPUTED TOMOGRAPHY PELVIS WITH CONTRAST
72194	COMPUTED TOMOGRAPHY PELVIS WITHOUT AND WITH CONTRAST
72195	MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST
72196	MAGNETIC RESONANCE IMAGING PELVIS WITH CONTRAST
72197	MAGNETIC RESONANCE IMAGING PELVIS WITH AND WITHOUT CONTRAST
72198	MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH OR WITHOUT CONTRAST
73200	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST
73201	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITH CONTRAST
73202	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT AND WITH CONTRAST
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY
73218	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITHOUT CONTRAST
73219	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITH CONTRAST
73220	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITH AND WITHOUT CONTRAST
73221	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITHOUT CONTRAST
73222	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITH CONTRAST
73223	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITH AND WITHOUT CONTRAST

CPT CODE	PROCEDURE DESCRIPTION
73225	MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH OR WITHOUT CONTRAST
73700	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST
73701	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITH CONTRAST
73702	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT AND WITH CONTRAST
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY
73718	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITHOUT CONTRAST
73719	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITH CONTRAST
73720	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITH AND WITHOUT CONTRAST
73721	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITHOUT CONTRAST
73722	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITH CONTRAST
73723	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITH AND WITHOUT CONTRAST
73725	MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH OR WITHOUT CONTRAST
74150	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST
74160	COMPUTED TOMOGRAPHY ABDOMEN WITH CONTRAST
74170	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT AND WITH CONTRAST
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS
74181	MAGNETIC RESONANCE IMAGING ABDOMEN WITHOUT CONTRAST
74182	MAGNETIC RESONANCE IMAGING ABDOMEN WITH CONTRAST
74183	MAGNETIC RESONANCE IMAGING ABDOMEN WITH AND WITHOUT CONTRAST
74185	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH OR WITHOUT CONTRAST
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL

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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	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMINAL AORTA
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
76380	COMPUTED TOMOGRAPHY LIMITED OR LOCALIZED FOLLOW-UP STUDY
76390	MAGNETIC RESONANCE IMAGING SPECTROSCOPY
76801	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, FIRST TRIMESTER <14 WEEKS SINGLE OR FIRST GESTATION
76802	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, FIRST TRIMESTER <14 WEEKS EACH ADDITIONAL GESTATION
76805	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, B-SCAN (ALLOWED ONCE PER GESTATION)
76810	ULTRASOUND OBSTETRICAL PELVIS COMPLETE, MULTIPLE GESTATION AFTER 1ST TRIMESTER (ALLOWED ONCE FOR EACH ADDITIONAL FETUS PER GESTATION; MUST BE BILLED WITH 76805)
76811	ULTRASOUND PREGNANT UTERUS FETAL AND MATERNAL EVAL PLULTRASOUND FETAL ANATOMIC EVAL TRANSABDOMINAL SINGLE OR FIRST GESTATION (ALLOWED ONCE PER GESTATION; SECOND STUDY ALLOWED IF PERFORMED BY A DIFFERENT PHYSICIAN)
76812	ULTRASOUND PREGNANT UTERUS FETAL AND MATERNAL EVAL PLULTRASOUND FETAL ANATOMIC EVAL TRANSABDOMINAL EACH ADDITIONAL GESTATION (ALLOWED ONCE FOR EACH ADDITIONAL FETULTRASOUND PER GESTATION; MUST BE BILLED WITH 76811; SECOND STUDY ALLOWED IF PERFORMED BY A DIFFERENT PHYSICIAN)
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION. (ALLOWED ONCE PER GESTATION)
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) ALLOWED ONCE FOR EACH ADDITIONAL FETUS PER GESTATION)
76815	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES
76816	ULTRASOUND OBSTETRICAL PELVIS FOLLOW UP OR REPEAT

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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
76975	ULTRASOUND GASTROINTESTINAL, ENDOSCOPIC
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR AND MONITORING OF TISSUE ABLATION
77058	MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; UNILATERAL
77059	MAGNETIC RESONANCE IMAGING BREAST BILATERAL
77084	MAGNETIC RESONANCE IMAGING BONE MARROWWITHBLOOD SUPPLY
78000	THYROID RAI UPTAKE
78001	THYROID MULTIPLE UPTAKE
78003	THYROID SUPPRESS OR STIMULATION
78006	THYROID UPTAKE AND SCAN
78007	THYROID IMAGE, MULTIPLE UPTAKES
78010	THYROID SCAN ONLY
78011	THYROID IMAGING WITHFLOW
78015	THYROID MET IMAGING
78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES
78018	THYROID SCAN WHOLE BODY
78020	THYROID CARCINOMA METASTASES UPTAKE
78070	PARATHYROID NUCLEAR IMAGING
78075	ADRENAL NUCLEAR IMAGING
78102	BONE MARROW IMAGING, LIMITED
78103	BONE MARROW IMAGING, MULTIPLE
78104	BONE MARROW IMAGING, WHOLE BODY
78185	SPLEEN IMAGING WITH WITHOUT VASCULAR FLOW
78195	LYMPH SYSTEM IMAGING
78201	LIVER IMAGING
78202	LIVER IMAGING WITHFLOW
78205	LIVER IMAGING SPECT
78206	LIVER IMAGING SPECT WITH V ASCULAR FLOW
78215	LIVER AND SPLEEN IMAGING
78216	LIVER AND SPLEEN IMAGING WITHFLOW

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CPT CODE	PROCEDURE DESCRIPTION
78226	LIVER FUNCTION STUDY
78227	HIDA SCAN
78230	SALIVARY GLAND IMAGING
78231	SERIAL SALIVARY GLAND
78232	SALIVARY GLAND FUNCTION TEST
78258	ESOPHAGUS MOTILITY STUDY
78261	GASTRIC MUCOSA IMAGING
78262	GASTROESOPHAGAEAL REFLUX EXAM
78264	GASTRIC EMPTYING STUDY
78278	GI BLEEDER SCAN
78282	GI PROTEIN LOSS EXAM
78290	MECKEL'S 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 AND/OR JOINT IMAGING; 3 PHASE STUDY
78320	BONE JOINT IMAGING TOMO TEST SPECT
78414	NON-IMAGING HEART FUNCTION
78428	CARDIAC SHUNT IMAGING
78445	RADIONUCLIDE VENOGRAM NON-CARDIAC
78456	ACUTE VENOUS THROMBOSIS IMAGING
78457	VENOUS THROMBOSIS IMAGING UNILATERAL
78458	VENOUS THROMBOSIS IMAGING BILATERAL
78466	MYOCARDIAL INFARCTION SCAN
78468	HEART INFARCT IMAGE EF
78469	HEART INFARCT IMAGE SPECT
78472	GATED HEART, REST OR STRESS
78473	CARDIAC BLOOD POOL MUGA SCAN
78481	HEART FIRST PASS SINGLE
78483	CARDIAC BLOOD POOL IMAGING, MULTIPLE
78494	CARDIAC BLOOD POOL IMAGING, SPECT
78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST
78579	PULMONARY VENTILATION IMAGING (E.G., AEROSOL OR GAS)
78580	PULMONARY PERFUSION IMAGING
78582	PULMONARY VENTILATION (E.G., AEROSOL OR GAS) AND PERFUSION IMAGING
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING, WHEN PERFORMED
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (E.G., AEROSOL OR GAS), INCLUDING IMAGING, WHEN PERFORMED
78600	BRAIN IMAGING LIMITED STATIC

CPT CODE	PROCEDURE DESCRIPTION
78601	BRAIN LIMITED IMAGING AND FLOW
78605	BRAIN IMAGING COMPLETE
78606	BRAIN IMAGING COMPLETE WITH FLOW
78607	BRAIN IMAGING SPECT
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION EVALUATION
78610	BRAIN FLOW IMAGING ONLY
78630	CISTERNOGRAM (CEREBROSPINAL FLUID FLOW)
78635	CEREBROSPINAL VENTRICULOGRAPHY
78645	CEREBROSPINAL FLUID FLOW SHUNT EVALUATION
78647	CEREBROSPINAL FLUID SCAN SPECT
78650	CEREBROSPINAL FLUID FLOW LEAKAGE DETECTION AND LOCALIZATION
78660	RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY
78700	KIDNEY IMAGING MORPHOLOGY
78701	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW
78707	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION STUDY
78708	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, SINGLE WITH PHARM INTERVENTION
78709	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW, MULTIPLE, WITHOUT AND WITH PHARM INTERVENTION
78710	KIDNEY IMAGING, SPECT
78725	KIDNEY FUNCTION STUDY, NON-IMAGE RADIOISOTROPIC
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, SPECT
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING
78805	RADIOPHARM LOCALIZATION OF ABSCESS, LIMITED AREA
78806	RADIOPHARM LOCALIZATION OF ABSCESS, WHOLE BODY
78807	RADIOPHARM LOCALIZATION OF ABSCESS, SPECT
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY

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CPT CODE	PROCEDURE DESCRIPTION
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, ABDOMEN
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL
C8905	MAGNETIC RESONANCE IMAGING WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL
C8908	MAGNETIC RESONANCE IMAGING WITH AND WITHOUT CONTRAST, BREAST; BILATERAL

CPT CODE	PROCEDURE DESCRIPTION
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, LOWER EXTREMITY
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, PELVIS
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY