

## Florida Blue Medicare Cardiology Management Program

### **Updated** Frequently Asked Questions Regarding Prior Authorization Program for Medicare Advantage Members

Note: This communication replaces the Frequently Asked Questions shared with you in November 2023.

As of January 1, 2024, **New Century Health** has been overseeing utilization of cardiovascular services for our Medicare Advantage members. This means cardiovascular services will require prior authorization from New Century Health before being administered. We are sharing the latest details on how and where to submit your requests along with other information in the following Frequently Asked Questions. Also included in the Appendix below is the latest prior authorization code list for cardiovascular services.

#### General Questions

##### 1) Who is New Century Health?

New Century Health is a comprehensive oncology and cardiology quality management specialty company that relies on evidence-based treatment guidelines for the delivery of adult ambulatory oncology and cardiology care.

##### 2) What is the Florida Blue Medicare Cardiology Management Program?

The Florida Blue Medicare Cardiology Management Program provides prior authorization management for cardiology services rendered in a physician's office, in an outpatient hospital ambulatory setting, or in an inpatient setting (planned professional services only). The program emphasizes and supports the selection of preferred pathways for patient care and is administered by New Century Health.

##### 3) Is the Cardiology Management Program for all Florida Blue members?

No, the Cardiology Management Program is for Florida Blue Medicare HMO and PPO members only, 18 years and older. Pediatric members (under 18 years of age) are excluded from this program.

##### 4) What are the components of the program?

- A New Century Health online provider portal is available. It offers member eligibility verification, real-time approvals, determination of documentation for medical necessity review, and access to view authorization requests in one location.
- The program provides quick turnaround time on authorization requests submitted via the portal or by phone. Turnaround time aligns with the Centers for Medicare and Medicaid Services' guidelines.
- The program relies on nationally recognized, evidence-based treatment guidelines.
- Florida Blue Medicare dedicated support staff, including access to peer-peer discussions, is available by phone at 1-888-854-2098, Monday – Saturday, 8 a.m. – 8 p.m. ET. Calls received after hours, weekends, and holidays will be routed to New Century Health via on-call services.

**5) Will a provider's office receive training for this program?**

Yes, training is required. A New Century Health provider network manager will contact our Medicare Advantage providers to schedule an introductory meeting and training. For questions prior to the introductory meeting, providers may contact New Century Health at their Florida Blue Medicare dedicated line at 1-888-854-2098, Option 1, Monday – Saturday, 8 a.m. – 8 p.m. ET. Calls received after hours, weekends, and holidays will be routed to New Century Health via on-call services. Providers may also email [providertraining@newcenturyhealth.com](mailto:providertraining@newcenturyhealth.com).

**Prior Authorization Questions**

**6) Who should obtain prior authorization?**

The provider organization ordering the cardiovascular services must request prior authorization through New Century Health.

**7) Can any provider request a prior authorization regardless of specialty?**

Yes.

**8) What is the authorization transition-of-care process?**

Authorizations issued by Florida Blue Medicare before December 31, 2023 are effective until the authorization end date. Upon expiration, authorization requests must be submitted to New Century Health. If continued authorization is not obtained from New Century Health, affected claims will be denied.

**9) How does a provider obtain prior authorization?**

A provider may obtain a prior authorization by submitting a cardiology service request with New Century Health via one of the following methods:

- Log into New Century Health's provider web portal: [my.newcenturyhealth.com](https://my.newcenturyhealth.com)
- Contact New Century Health's Utilization Management Intake Department at 1-888-854-2098, Option 1, Monday – Saturday, 8 a.m. to 8 p.m. ET. For your convenience, the latest list of cardiovascular services requiring preauthorization is in the Appendix included below.

**10) Which cardiovascular related services require prior authorization?**

Cardiovascular services requiring prior authorization include:

- Cardiac Related Diagnostic Testing (i.e., Select Echocardiograms, Holter monitors, nuclear testing, TEEs)
- Elective Diagnostic Heart Cath and Stents
- Peripheral Vascular Studies
- Electrophysiology Services/Surgery
- Vascular Surgery
- Vascular Radiology Surgery
- Cardiac Surgery
- Thoracic Surgery

Refer to the Appendix below for the latest cardiovascular services CPT codes included in Florida Blue Medicare's New Century Health Cardiology Management Program.

**11) When is a prior authorization required from both New Century Health and Florida Blue Medicare?**

For some episodes of care, providers will need an authorization from New Century Health and a **separate** authorization from Florida Blue Medicare. If a request is submitted to New Century Health with in-scope and out-of-scope CPT codes, the provider will receive a redirect message from New Century Health to submit out-of-scope code(s) to Florida Blue Medicare via Availity®<sup>1</sup>. Refer to the Appendix below for the latest

cardiovascular services included in Florida Blue Medicare's New Century Health Cardiology Management Program.

**12) How will a provider learn a prior authorization request has been denied?**

If the outcome of New Century Health's medical necessity review is a denial, New Century Health will issue a benefit denial notification letter to the member and provider. Providers will also receive a fax notification of the denial and the denial will be viewable in the New Century Health portal.

**13) What specialties are included in Florida Blue Medicare's Cardiology Management Program?**

The program will apply to all specialties that request cardiovascular services outlined in the Appendix below.

**14) Who at New Century Health will be reviewing requests?**

Requests are reviewed by New Century Health medical reviewers who are licensed cardiologists using nationally recognized clinical guidelines. Guidelines are available at [my.newcenturyhealth.com](http://my.newcenturyhealth.com) or by contacting New Century Health at 1-888-999-7713, Option 1, Monday – Saturday, 8 a.m. to 8 p.m. ET. If the request does not meet evidence-based treatment guidelines, New Century Health may request additional information or initiate a physician discussion with the requesting provider.

**15) Who can view the status of a prior authorization request?**

The rendering provider can view authorization status of a request submitted to New Century Health within Availity. The provider who initially submitted the authorization request can view the status in the New Century Health portal. If a provider has **trouble locating the patient/authorization status**, the provider should contact New Century Health's Utilization Management Intake Department at **1-888-854-2098**, Option 1, Monday – Saturday, 8 a.m. to 8 p.m. ET.

**16) What will the New Century Health authorization look like, and how long is it valid?**

The New Century Health authorization will start with "AR" followed by at least four digits (e.g., AR1000). It is valid for the duration indicated on the Service Request Authorization (SRA).

**17) What place of service does this prior authorization review process include?**

The Florida Blue Medicare Cardiology Management Program provides prior authorization management for cardiology services rendered in a physician's office, in an outpatient hospital ambulatory setting, or in an inpatient setting (planned professional services only).

**Claims Questions**

**18) Where should providers submit claims once prior authorizations are obtained through New Century Health?**

Providers **contracted with New Century Health** or with *both* New Century Health and Florida Blue Medicare, **should bill New Century Health directly.**

Providers **contracted with Florida Blue Medicare** only should submit claims to Florida Blue Medicare through Availity<sup>®1</sup> or at the address listed below.

Florida Blue Medicare, Attn: Claim Processing Department  
P.O. Box 1798  
Jacksonville, Florida 32231-0014

The payer ID for electronic claim filing is Florida Blue Medicare (FBM01). Please refer to the back of the member's ID card for specific instructions.

Billing information, including the above, can be referenced in the [Manual for Physicians and Providers](#) at [FloridaBlue.com](#) under *For Providers*.

**19) Can a provider submit one claim with multiple authorization numbers?**

Yes, providers do not need to split claims to bill with your authorization numbers for different procedure codes.

**20) Does a prior authorization guarantee payment?**

No, a prior authorization does not guarantee payment for services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, and correct coding and billing practices. For specific details, please refer to our [Manual for Physicians and Providers](#) at [FloridaBlue.com](#) under *For Providers*.

**21) Who will respond to claims disputes?**

Florida Blue Medicare will continue to respond to claims disputes unless you hold a direct agreement with New Century Health and have been instructed to bill them directly. If so, New Century Health will address affected claim inquiries.

For Florida Blue Medicare, providers can submit disputes using the current process outlined in our [Manual for Physicians and Providers](#) at [FloridaBlue.com](#) under *For Providers*. Disputes must be submitted to the address below.

Florida Blue Medicare, Attn: Claim Disputes  
P.O. Box 1798  
Jacksonville, FL 32231-0014

**22) Who will respond to grievances and appeals?**

Florida Blue Medicare will continue to respond to member grievances and appeals. Members can continue to follow processes outlined on the Florida Blue website and in the member handbook to submit either a grievance or an appeal. Providers can initiate a grievance or appeal with us by mail or fax at the address or fax number below; however, the member's written consent for the grievance or appeal is required.

Florida Blue Medicare, Attn: Medicare Appeals & Grievances Department  
P.O. Box 41629  
Jacksonville, FL 32203-1629

Appeal/Grievance Fax: 1-305-437-7490

**23) What will happen if the provider does not request and obtain an authorization?**

If an authorization is not obtained, payment will be denied for the relevant services. Members cannot be held responsible or billed for denied charges/services. Providers may only collect the applicable cost share amount directly from the member.

<sup>1</sup>Availity, LLC is a joint venture, multi-payer company. Register at [Availity.com](#)

## Appendix

<b>Cardiovascular Services Prior Authorization Code List As of January 31, 2024</b>		
<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33227	REMLV PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33228	REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33229	REMLV PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIED)	ABLATION
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33275	TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	LEFT ATRIAL APPENDAGE CLOSURE
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	TAVR

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	TAVR
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	TAVR
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	TAVR
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	SAVR
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	SAVR
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	SAVR
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMT NONC SINUS	SAVR
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	SAVR
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	INTERVENTIONAL CARDIOLOGY
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	MITRAL VALVE SURGERY
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	MITRAL VALVE SURGERY
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	MITRAL VALVE SURGERY
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	MITRAL VALVE SURGERY
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	TRICUSPID VALVE SURGERY
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	TRICUSPID VALVE SURGERY
33475	REPLACEMENT PULMONARY VALVE	PULMONARY VALVE SURGERY
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	PULMONARY VALVE SURGERY
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	CORONARY ARTERY ANOMALIES SURGERY
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	CORONARY ARTERY ANOMALIES SURGERY
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	CORONARY ARTERY ANOMALIES SURGERY
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	CORONARY ARTERY ANOMALIES SURGERY
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	CORONARY ARTERY ANOMALIES SURGERY



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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION)	CORONARY ARTERY ANOMALIES SURGERY
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	CONGENITAL HEART DISESE SURGERY
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	CONGENITAL HEART DISESE SURGERY
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	CONGENITAL HEART DISESE SURGERY
33858	AS-AORT GRF W/CARD BYP F/AORTIC DISSECTION	THORACIC AORTIC ANEURYSM SURGERY
33859	AS-AORT GRF W/CARD BYP F/AORTIC DS OTH/THN DSJ	THORACIC AORTIC ANEURYSM SURGERY
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	THORACIC AORTIC ANEURYSM SURGERY
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	THORACIC AORTIC ANEURYSM SURGERY
33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	THORACIC AORTIC ANEURYSM SURGERY
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	THORACIC AORTIC ANEURYSM SURGERY
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	THORACIC AORTIC ANEURYSM SURGERY
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	THORACIC AORTIC ANEURYSM SURGERY
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	THORACIC AORTIC ANEURYSM SURGERY
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	THORACIC AORTIC ANEURYSM SURGERY
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	INTERVENTIONAL CARDIOLOGY
33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	INTERVENTIONAL CARDIOLOGY
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	INTERVENTIONAL CARDIOLOGY
33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	INTERVENTIONAL CARDIOLOGY
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	INTERVENTIONAL CARDIOLOGY
33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	INTERVENTIONAL CARDIOLOGY
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	INTERVENTIONAL CARDIOLOGY

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	INTERVENTIONAL CARDIOLOGY
33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	INTERVENTIONAL CARDIOLOGY
33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	INTERVENTIONAL CARDIOLOGY
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	PULMONARY ARTERY SURGERY
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	ENDOVASCULAR REPAIR OF AAA
34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	ENDOVASCULAR REPAIR OF AAA
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	ENDOVASCULAR REPAIR OF AAA
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	ENDOVASCULAR REPAIR OF ILIAC
34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	ENDOVASCULAR REPAIR OF AAA
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	REPAIR/EXCISION FOR ANEURYSM, OCCLUSIVE DISEASE, ETC.
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	REPAIR/EXCISION FOR ANEURYSM, OCCLUSIVE DISEASE, ETC.
35081	DIR RPR ANEURYSM ABDOMINAL AORTA	REPAIR/EXCISION FOR ANEURYSM, OCCLUSIVE DISEASE, ETC.
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	REPAIR/EXCISION FOR ANEURYSM, OCCLUSIVE DISEASE, ETC.
35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	REPAIR/EXCISION FOR ANEURYSM, OCCLUSIVE DISEASE, ETC.
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	THROMBOENDARTERECTOMY
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	THROMBOENDARTERECTOMY
35303	TEAEC W/GRAFT POPLITEAL ARTERY	THROMBOENDARTERECTOMY
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	THROMBOENDARTERECTOMY
35351	TEAEC W/WO PATCH GRAFT ILIAC	THROMBOENDARTERECTOMY
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	THROMBOENDARTERECTOMY
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	THROMBOENDARTERECTOMY
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	THROMBOENDARTERECTOMY
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	BYPASS GRAFT VEIN
35521	BYPASS W/VEIN AXILLARY-FEMORAL	BYPASS GRAFT VEIN
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	BYPASS GRAFT VEIN
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	BYPASS GRAFT VEIN

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
35538	BYPASS W/VEIN AORTOBI-ILIAC	BYPASS GRAFT VEIN
35539	BYPASS W/VEIN AORTOFEMORAL	BYPASS GRAFT VEIN
35540	BYPASS W/VEIN AORTOBIFEMORAL	BYPASS GRAFT VEIN
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	BYPASS GRAFT VEIN
35558	BYPASS W/VEIN FEMORAL-FEMORAL	BYPASS GRAFT VEIN
35560	BYPASS W/VEIN AORTORENAL	BYPASS GRAFT VEIN
35565	BYPASS W/VEIN ILIOFEMORAL	BYPASS GRAFT VEIN
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	BYPASS GRAFT VEIN
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	BYPASS GRAFT VEIN
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	BYPASS GRAFT IN-SITU VEIN
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	BYPASS GRAFT IN-SITU VEIN
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	BYPASS GRAFT IN-SITU VEIN
35600	OPEN HARVEST UPPER EXTREMITY ART 1 SEGMENT CAB	BYPASS GRAFT IN-SITU VEIN
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	BYPASS GRAFT IN-SITU VEIN
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	BYPASS GRAFT IN-SITU VEIN
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	BYPASS GRAFT IN-SITU VEIN
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	BYPASS GRAFT IN-SITU VEIN
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	BYPASS GRAFT IN-SITU VEIN
35646	BYP OTH/THN VEIN AORTOBIFEMORAL	BYPASS GRAFT IN-SITU VEIN
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	BYPASS GRAFT IN-SITU VEIN
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	BYPASS GRAFT IN-SITU VEIN
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	BYPASS GRAFT IN-SITU VEIN
35665	BYP OTH/THN VEIN ILIOFEMORAL	BYPASS GRAFT IN-SITU VEIN
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	BYPASS GRAFT IN-SITU VEIN
35883	REVJ FEM ANAST BPG GRN OPN W/NONAUTOG PATCH GRF	EXCISION, EXPLORATION, REPAIR, REVISION
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	ANGIOGRAPHY
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	INTERRUPTION/LIGATION/STRIPPING, ETC.
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	INTERRUPTION/LIGATION/STRIPPING, ETC.
36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	ANGIOGRAPHY
36200	INTRODUCTION CATHETER AORTA	ANGIOGRAPHY
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	ANGIOGRAPHY

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	ANGIOGRAPHY
36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	ANGIOGRAPHY
36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	ANGIOGRAPHY
36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	ANGIOGRAPHY
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	ANGIOGRAPHY
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	ANGIOGRAPHY
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	ANGIOGRAPHY
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	ANGIOGRAPHY
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	ANGIOGRAPHY
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	ANGIOGRAPHY
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	ANGIOGRAPHY
36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	ANGIOGRAPHY
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	ANGIOGRAPHY
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	ANGIOGRAPHY
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	ANGIOGRAPHY
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	ANGIOGRAPHY
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	ANGIOGRAPHY
36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	ANGIOGRAPHY
36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	ANGIOGRAPHY
36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	ANGIOGRAPHY
36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	INTERRUPTION/LIGATION/STRIPPIN G, ETC.

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36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
36836	PERQ AV FISTULA CREATION UXTR SINGLE ACCESS	HEMODIALYSIS ACCESS INTERVENTION
36837	PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	HEMODIALYSIS ACCESS INTERVENTION
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	INTERVENTIONAL RADIOLOGY
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	ENDOVASCULAR INTERVENTIONS
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	ENDOVASCULAR INTERVENTIONS
37220	REVASCLARIZATION ILIAC ARTERY ANGIOP 1ST VSL	ENDOVASCULAR INTERVENTIONS
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	ENDOVASCULAR INTERVENTIONS
37222	ILIAC REVASC ADD-ON	INTERVENTIONAL CARDIOLOGY
37223	ILIAC REVASC W/STENT ADD-ON	INTERVENTIONAL CARDIOLOGY
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	ENDOVASCULAR INTERVENTIONS
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	ENDOVASCULAR INTERVENTIONS
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	ENDOVASCULAR INTERVENTIONS
37232	TIB/PER REVASC ADD-ON	INTERVENTIONAL CARDIOLOGY

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37233	TIBPER REVASC W/ATHER ADD-ON	INTERVENTIONAL CARDIOLOGY
37234	REVSC OPN/PRQ TIB/PERO STENT	INTERVENTIONAL CARDIOLOGY
37235	TIB/PER REVASC STNT & ATHER	INTERVENTIONAL CARDIOLOGY
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	ENDOVASCULAR INTERVENTIONS
37237	OPEN/PERQ PLACE STENT EA ADD	ENDOVASCULAR INTERVENTIONS
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	ENDOVASCULAR INTERVENTIONS
37239	OPEN/PERQ PLACE STENT EA ADD	ENDOVASCULAR INTERVENTIONS
37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	ENDOVASCULAR INTERVENTIONS
37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	ENDOVASCULAR INTERVENTIONS
37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	ENDOVASCULAR INTERVENTIONS
37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	ENDOVASCULAR INTERVENTIONS
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL	ENDOVASCULAR INTERVENTIONS
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING RADIOLOGICAL	ENDOVASCULAR INTERVENTIONS
37609	LIGATION/BIOPSY TEMPORAL ARTERY	INTERRUPTION/LIGATION/STRIPPING, ETC.
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	INTERRUPTION/LIGATION/STRIPPING, ETC.
37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	INTERRUPTION/LIGATION/STRIPPING, ETC.
37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	INTERRUPTION/LIGATION/STRIPPING, ETC.
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	INTERRUPTION/LIGATION/STRIPPING, ETC.
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	INTERRUPTION/LIGATION/STRIPPING, ETC.
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	INTERRUPTION/LIGATION/STRIPPING, ETC.

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37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	INTERRUPTION/LIGATION/STRIPPIN G, ETC.
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	CARDIAC CT-MRI-PET
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	CARDIAC CT-MRI-PET
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	CARDIAC CT-MRI-PET
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	CARDIAC CT-MRI-PET
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	CARDIAC CT-MRI-PET
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	CARDIAC CT-MRI-PET
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	CARDIAC CT-MRI-PET
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	CARDIAC CT-MRI-PET
75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	INTERVENTIONAL CARDIOLOGY
75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE	NON-INVASIVE VASCULAR
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	ANGIOGRAPHY
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	ANGIOGRAPHY
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	ANGIOGRAPHY
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	ANGIOGRAPHY
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	ANGIOGRAPHY
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	ANGIOGRAPHY
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	VENOGRAPHY
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	VENOGRAPHY
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	VENOGRAPHY

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75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	VENOGRAPHY
76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	ABDOMINAL ARTERIAL
76932	US ENDOMYOCARDIAL BIOPSY RS&I	PERICARDIUM
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	ANGIOGRAPHY
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	ANGIOGRAPHY
76984	ULTRASOUND, INTRAOPERATIVE THORACIC AORTA (EG, EPIAORTIC), DIAGNOSTIC	NON-INVASIVE VASCULAR
76987	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE, ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE, DIAGNOSTIC; INCLUDING PLACEMENT AND MANIPULATION OF TRANSDUCER, IMAGEACQUISITION, INTERPRETATION AND REPORT	NON-INVASIVE VASCULAR
76988	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE, ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE, DIAGNOSTIC; PLACEMENT, MANIPULATION OF TRANSDUCER, AND IMAGE ACQUISITION ONLY	NON-INVASIVE VASCULAR
76989	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE, ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE, DIAGNOSTIC; INTERPRETATION AND REPORT ONLY	NON-INVASIVE VASCULAR
78429	MYOOCR D IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	CARDIAC CT-MRI-PET
78431	MYOOCR D IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	CARDIAC CT-MRI-PET
78433	MYOOCR D IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	CARDIAC CT-MRI-PET
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	NUCLEAR CARDIOLOGY
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	NUCLEAR CARDIOLOGY
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	NUCLEAR CARDIOLOGY
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	NUCLEAR CARDIOLOGY
78459	MYOOCR D IMG PET METAB EVAL SINGLE STUDY	NUCLEAR CARDIOLOGY
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	NUCLEAR CARDIOLOGY



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78469	MYOCDR INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	NUCLEAR CARDIOLOGY
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	NUCLEAR CARDIOLOGY
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	NUCLEAR CARDIOLOGY
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/STRESS	NUCLEAR CARDIOLOGY
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	NUCLEAR CARDIOLOGY
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	NUCLEAR CARDIOLOGY
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	INTERVENTIONAL CARDIOLOGY
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	INTERVENTIONAL CARDIOLOGY
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	INTERVENTIONAL CARDIOLOGY
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	INTERVENTIONAL CARDIOLOGY
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	INTERVENTIONAL CARDIOLOGY
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	INTERVENTIONAL CARDIOLOGY
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION
92972	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	INTERVENTIONAL CARDIOLOGY
92972	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	NON-INVASIVE VASCULAR
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	INTERVENTIONAL CARDIOLOGY
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	INTERVENTIONAL CARDIOLOGY
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	INTERVENTIONAL CARDIOLOGY
93015	CV STRS TST XERS&/OR RX CONT ECG W/S I&R	NUCLEAR CARDIOLOGY

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93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	NUCLEAR CARDIOLOGY
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	NUCLEAR CARDIOLOGY
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	NUCLEAR CARDIOLOGY
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	CV MONITORING SERVICES
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	CV MONITORING SERVICES
93241	EXTERNAL ECG REC>48HR<7D SCAN ALYS REPORT R&I	CARDIOGRAPHY
93242	EXTERNAL ECG REC>48HR<7D RECORDING	CARDIOGRAPHY
93243	EXTERNAL ECG REC>48HR<7D SCANNING ALYS W/REPORT	CARDIOGRAPHY
93244	EXTERNAL ECG REC>48HR<7D REVIEW & INTERPRETATION	CARDIOGRAPHY
93245	EXTERNAL ECG REC>7D<15D SCAN ALYS REPORT R&I	CARDIOGRAPHY
93246	EXTERNAL ECG REC>7D<15D RECORDING	CARDIOGRAPHY
93247	EXTERNAL ECG REC>7D<15D SCANNING ALYS W/REPORT	CARDIOGRAPHY
93248	EXTERNAL ECG REC>7D<15D REVIEW & INTERPRETATION	CARDIOGRAPHY
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	DEVICE MONITORING
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	DEVICE MONITORING
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	CV MONITORING SERVICES
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	CV MONITORING SERVICES
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	CV MONITORING SERVICES
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	CV MONITORING SERVICES
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	CV MONITORING SERVICES
93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	DEVICE MONITORING
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	DEVICE MONITORING

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93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	DEVICE MONITORING
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	DEVICE MONITORING
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	DEVICE MONITORING
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	DEVICE MONITORING
93285	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	DEVICE MONITORING
93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	DEVICE MONITORING
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	DEVICE MONITORING
93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	DEVICE MONITORING
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	DEVICE MONITORING
93290	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	DEVICE MONITORING
93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	DEVICE MONITORING
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	DEVICE MONITORING
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	DEVICE MONITORING
93294	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	DEVICE MONITORING
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	DEVICE MONITORING
93296	REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	DEVICE MONITORING
93297	REM INTERROG ICPMS <30 D PHYS/QHP	DEVICE MONITORING
93298	REM INTERROG SCRMS <30 D PHYS/QHP	DEVICE MONITORING
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	ECHOCARDIOGRAPHY
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	ECHOCARDIOGRAPHY
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	ECHOCARDIOGRAPHY
93307	ECHO TRANSTHORAC R-T 2D W/VO M-MODE REC COMP	ECHOCARDIOGRAPHY
93308	ECHO TRANSTHORC R-T 2D W/VO M-MODE REC F-UP/LMTD	ECHOCARDIOGRAPHY

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93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	ECHOCARDIOGRAPHY
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	ECHOCARDIOGRAPHY
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	ECHOCARDIOGRAPHY
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	ECHOCARDIOGRAPHY
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	ECHOCARDIOGRAPHY
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	ECHOCARDIOGRAPHY
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	ECHOCARDIOGRAPHY
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	ECHOCARDIOGRAPHY
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	ECHOCARDIOGRAPHY
93356	MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH	ECHOCARDIOGRAPHY
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	CARDIAC CATHETERIZATION
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	CARDIAC CATHETERIZATION
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	CARDIAC CATHETERIZATION
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	CARDIAC CATHETERIZATION
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	CARDIAC CATHETERIZATION
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	CARDIAC CATHETERIZATION
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	CARDIAC CATHETERIZATION
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	CARDIAC CATHETERIZATION
93459	CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	CARDIAC CATHETERIZATION
93460	R & L HRT CATH W/NJX HRT ART& L VENTR IMG	CARDIAC CATHETERIZATION
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	CARDIAC CATHETERIZATION
93505	ENDOMYOCARDIAL BIOPSY	CARDIAC CATHETERIZATION

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93569	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY UNI	CARDIAC CATHETERIZATION
93573	NJX DRG C-CATHJ SLCTV P-ART ANGIOGRAPHY BI	CARDIAC CATHETERIZATION
93574	NJX DRG C-CATHJ SLCTV PULM VEN ANGIOGRAPHY	CARDIAC CATHETERIZATION
93575	NJX DRG C-CATHJ SLCTV PULM ANGRPH MAPCA CHD EA	CARDIAC CATHETERIZATION
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	INTERVENTIONAL CARDIOLOGY
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	INTERVENTIONAL CARDIOLOGY
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	INTERVENTIONAL CARDIOLOGY
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	INTERVENTIONAL CARDIOLOGY
93584	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; ANOMALOUS OR PERSISTENT SUPERIOR VENA CAVA WHEN IT EXISTS AS A SECOND CONTRALATERAL SUPERIOR VENA CAVA, WITH NATIVE DRAINAGE TO HEART (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	VENOGRAPHY
93584	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; ANOMALOUS OR PERSISTENT SUPERIOR VENA CAVA WHEN IT EXISTS AS A SECOND CONTRALATERAL SUPERIOR VENA CAVA, WITH NATIVE DRAINAGE TO HEART (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CARDIAC CATHETERIZATION
93585	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; AZYGOS/HEMIAZYGOS VENOUS SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	VENOGRAPHY
93585	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; AZYGOS/HEMIAZYGOS VENOUS SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CARDIAC CATHETERIZATION

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93586	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; CORONARY SINUS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	VENOGRAPHY
93586	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; CORONARY SINUS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CARDIAC CATHETERIZATION
93587	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; VENOVENOUS COLLATERALS ORIGINATING AT OR ABOVE THE HEART (EG, FROM INNOMINATE VEIN) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	VENOGRAPHY
93587	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; VENOVENOUS COLLATERALS ORIGINATING AT OR ABOVE THE HEART (EG, FROM INNOMINATE VEIN) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CARDIAC CATHETERIZATION
93588	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; VENOVENOUS COLLATERALS ORIGINATING BELOW THE HEART (EG, FROM THE INFERIOR VENA CAVA) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	VENOGRAPHY
93588	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S), INCLUDING CATHETER PLACEMENT, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; VENOVENOUS COLLATERALS ORIGINATING BELOW THE HEART (EG, FROM THE INFERIOR VENA CAVA) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	CARDIAC CATHETERIZATION
93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	INTERVENTIONAL CARDIOLOGY
93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	INTERVENTIONAL CARDIOLOGY

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	ELECTROPHYSIOLOGY STUDIES (EPS)
93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	ELECTROPHYSIOLOGY STUDIES (EPS)
93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	ELECTROPHYSIOLOGY STUDIES (EPS)
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	ELECTROPHYSIOLOGY STUDIES (EPS)
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	ABLATION
93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	ABLATION
93654	COMPRE EP EVAL ABLTJ 3D MAPG TX VT	ABLATION
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	ABLATION
93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	ABLATION
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	ABLATION
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	NON-INVASIVE DIAGNOSTIC EP TESTING
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	CEREBROVASCULAR ARTERIAL
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	CEREBROVASCULAR ARTERIAL
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	EXTREMITY ARTERIAL
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVELS	EXTREMITY ARTERIAL
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	EXTREMITY ARTERIAL
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	EXTREMITY ARTERIAL
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	EXTREMITY ARTERIAL
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	EXTREMITY ARTERIAL
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	EXTREMITY ARTERIAL
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	EXTREMITY VENOUS
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	EXTREMITY VENOUS

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<b>CPT</b>	<b>CPT Description</b>	<b>Subcategory</b>
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	ART DUPLEX
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	VISCERAL ARTERIAL
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	ABDOMINAL ARTERIAL
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	ABDOMINAL ARTERIAL
J0150	INJECTION ADENOSINE THERAPEUTIC USE 6 MG	NON-INVASIVE CARDIOLOGY PHARMACEUTICALS
J0151	INJECTION ADENOSINE DIAGNOSTIC USE 1 MG	NON-INVASIVE CARDIOLOGY PHARMACEUTICALS
J0152	ADENOSINE INJECTION	NON-INVASIVE CARDIOLOGY PHARMACEUTICALS