

This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Transcatheter Aortic Valve Replacement (TAVR)	33361, 33362, 33363, 33364, 33365, 33366		33367, 33368, 33369, 33370, 37252 (C1884), 37253			
Mitral Valve Surgery	33422, 33425, 33426, 33427, 33430		33530			
Mitral Valve Percutaneous Intervention	92987	C1760				
Transcatheter Edge-to-Edge Mitral Valve Repair (TEER), MitraClip	33418		33419, 33367, 33368, 33369, 93568, 93569, 93573, 93574, 93575			
Tricuspid Valve Surgery	33460, 33463, 33464, 33465, 33468		33530			
Pulmonary Valve Surgery	33474, 33475, 33477		[33477] - 33367 or 33368 or 33369 [33474 - 33477] - 33924			
Pulmonary Valve Percutaneous Intervention	92990		93662 or C1766 or C1893			
Coronary Artery Bypass Graft (CABG) with Arterial Grafts	33533 or 33534 or 33535 or 33536	33533: S2205 33534: S2206	33530 or 35572 or 35600 or 33517 or 33518 or 33519 or 33521 or 33522 or 33523 or 33572			
Coronary Artery Bypass Graft (CABG) with Venous Grafts	33510 or 33511 or 33512 or 33513 or 33514 or 33516	33510: S2207	33508 or 33530 or 35572 or 35500 or 33572 or 33530			
Pulmonary Artery Angioplasty (PTA)	92997	C1760	92998 or (93662; C1766 or C1893)			
Endomyocardial Biopsy	93505		93662 (C1759) or C1766 or C1893			
Percutaneous Intervention, Atrial Septal Defect / Patent Foramen Ovale (ASD/PFO)	93580	C1817	93662 (C1759) or (C1893), 76937 (C1769)	(93622 - C1766 or C1759 or C1893)		
Percutaneous Intervention, Ventricular Septal Defect	93581	C1817	93662 (C1759) or (C1766) or (C1893), 76937 (C1769)	(93662 - C1759 or C1893)		
Percutaneous Intervention, Patent Ductus Arteriosus (PDA)	93582	C1817	93592, 93662 (C1759) or (C1893), (76937; C1769)	(93622 - C1766 or C1759 or C1893)		
Percutaneous Intervention, Coarctation of Aorta	33894 or 33895			(93622 - C1766 or C1759 or C1893)		
Percutaneous Intervention, Paravalvular Leak	93590, 93591	C1760	93592, 93662 (C1759) or (C1766) or (C1893), 76937 (C1769)	(93622 - C1766 or C1759 or C1893)		
Percutaneous Hypertrophic Cardiomyopathy (HCM) Septal Ablation	93583	C1760	93592, 93662 (C1759) or (C1766) or (C1893), 76937 (C1769)			
Left Atrial Appendage Closure	33340		93662 or C1766 or C1893			
Atrial Fibrillation Ablation / Pulmonary Vein Isolation	93656	C1733, C2630, C1893	93609 or 93622 or 93623 (C1893) or 93655 or 93657 (C1893) or (93622; 93623; 93657 - C1766 or C1893)			
Supra Ventricular Tachycardia (SVT) / Atrial Flutter / Accessory Pathway Ablation	93653	C1733, C2630, C1893	93609 or 93622 (C1893) or 93623 (C1893) or 93662 or 93655 (C1893) or (93622; 93655; 93662 - C1766)			
Ventricular Tachycardia (VT) Ablation	93654	C1733, C2630	93623 (C1893) or 93662 or 93655 (C1893) (93623; 93662 - C1766 or C1893)			
Myocardial Perfusion Imaging with Single-Photon Emission Computed Tomography (MPI SPECT)	78452				A9500 or A9502 or A9505	J0153 or J1245 or J1250 or J2785
Multigated Acquisition Scan (MUGA)	78472, 78473		78496		A9512 or A9560	
Holter Monitor, 24 to 48 Hours	93224, 93225, 93226, 93227					
Ankle Brachial Index (ABI)	93922 or 93923					
Arterial Duplex	93925 or 93926 or 93930 or 93931					
Pulse Volume Recording (PVR), Rest	93923					

Page 1 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Pulse Volume Recording (PVR), Stress	93924			Jour(J)		
Diagnostic Peripheral Angiogram with Run-off	36200 and: 75710 or 75716 or 75625 or 75630	C1769		[75625] - G0278		
Iliac Artery Endovascular Angioplasty (PTA)	37220	(C1760; 37220) C1725 C2623	37222 or 37252 (C1884) or (76937; C1769)			
Iliac Artery Endovascular Angioplasty, Stent	37221	C1760 or C1874 or C1875 or C1884	37223 or 37252 (C1884) or (76937; C1769)			
Femoral-Popliteal Artery Endovascular Angioplasty (PTA)	37224	C1725 or C1760 or C2623 or C1884 or C1885	37252 (C1884) or (76937; C1769)			
Femoral-Popliteal Artery Endovascular Angioplasty with Atherectomy	37225	C1760 or C1714 or C1724 or C1884 or C1885	37252 (C1884) or (76937; C1769)			
Femoral-Popliteal Artery Endovascular Angioplasty with Stent	37226	(C1760 or C1874 or C1875 or C1876 or C1877 or C2623; 37226) or C1884	37252 (C1884) or (76937; C1769)			
Femoral-Popliteal Artery Endovascular Angioplasty, Atherectomy and Stent	37227	(C1760 or C1874 or C1875 or C1876 or C1877; 37227) or C1884 or C1885	37252 (C1884) or (76937; C1769)			
Tibioperoneal Endovascular Angioplasty (PTA)	37228, 37230, 37231	C1760 or C1884 or C1885	37232 or 37233 or 37234 or 37235 or 37252 or 37253 or (76937; C1769)			
Tibioperoneal Endovascular Angioplasty, Atherectomy	37229, 37230, 37231	C1760 or C1884 or C1885	37232 or 37233 or 37234 or 37235 or 37252 or 37253 or (76937; C1769)			
Pacemaker / Cardiac Resynchronization Therapy Pacemaker (CRT-P) Interrogation, In Person	93288					
Pacemaker / Cardiac Resynchronization Therapy Pacemaker (CRT-P) Interrogation, Remote	93294 or 93296					
Defibrillator (AICD)/Resynchronization therapy (CRT-D) Interrogation, In Person	93289 or 93290					
Defibrillator (AICD)/Resynchronization therapy (CRT-D) Interrogation, Remote	93295 or 93296 or 93297					
OptiVol / Insertable Cardiac Monitors (ICM), In Person	93290					
(ICM), Remote	93297					
Implantable Loop Recorder Interrogation, In Person	93291					
Interrogation, Remote	93298					
Pacemaker Programming	93279 or 93280 or 93281 or 93286					
Automated Implantable Cardioverter Defibrillator (AICD) Programming	93282 or 93283 or 93284 or 93260 or 93287					

Page 2 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Implantable Loop Recorder Programming	93285					
Pacemaker Battery Replacement	33227 or 33228 or 33229 or 33233	33212 - C1779 or C1786 or 33213 - C1785 or 33221 or 33229 - C2621 or 33228 - C1785 or C2619 or 33233 - C1895 or C1896 or C1892 or C2628 33229 - C1892 or C2628				
Leadless Pacemaker Removal	33275					
Pacemaker Implantation	33206 or 33208 or 33207 or 33212 or 33213 or 33221	(C1786; 33206) (C1785 or C2619 or C1893 or C1894 or C2628; 33208) (C1786 or C1892 or C2620; 33207) 33208 - C1896 or C1899 or C1892 or C2628				
Insertion of 2 Transvenous Electrodes, Permanent Pacemaker or Implantable Defibrillator						
Insertion of a Single Transvenous Electrode, Permanent Pacemaker or Implantable Defibrillator	33216					
Leadless Pacemaker Insertion	33274					
Subcutaneous Implantable Cardioverter Defibrillator (ICD) Implantation		(0571T ; 33270) 33270 - C1896 33249 - C2628				
Upgrade of Single Chamber Permanent Pacemaker (PPM) to Dual Chamber Permanent Pacemaker (PPM)	33214					
Insertion of Transvenous Electrode	33206 or 33207 or 33208	33208 - C1896 or C1899 or C1892 or C1893 or C1984 or C2628 33207 - C1892	33225 - C1892 or C2628			
Removal of Transvenous Electrode	33234 or 33235 or 33238	33235 - C1895 or C2628				
Implantable Cardioverter Defibrillator (ICD) Generator, Removal/Replacement	33243 or 33244 or 33249 or 33264 or 33230 or 33231 or 33241 or 33262 or 33263 or 33270	C1721 or C1777 or C1895 or (33241, 33249) - C1896 or C1899 or C1892 or C2628 33270 - C1896	33241 and/or 33272			
Defibrillator (AICD) Implantation with Defibrillation Threshold (DFT)	33249	(33249; C1721 or C1722 or C1777 or C1882 or C1892 or C2628)				
Repair of Single Transvenous Electrode, Pacemaker or Implantable Cardioverter Defibrillator (ICD)	33218					
Subcutaneous Implantable Cardioverter Defibrillator (ICD) Lead, Replacement/Revision	33271 or 33272 or 33273					

Page 3 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Chronic Resynchronization Therapy (CRT-D/CRT-P), Upgrade/Initial Implant	33225	(C1777 or C1882 or C1900 or C2621 or G0448; 33225) (C1721 or C1722 or C1777 or C1882 or C1892; 33249) or C1895 or C1896 or C1899 or C1892 or C1893 or C2628				
Repositioning of Left Ventricular (LV) Lead	33226	(C1777; 33226)				
Loop Recorder Implantation	33285	(E0616 or C1764; 33285)				
Removal of Loop Recorder	33286	C1896 or C1892				
Cardiac Monitor, 48 Hours to 7 Days	93241 or 93242 or 93243 or 93244					
Cardiac Monitor, 7 Days to 15 Days	93245 93246 or 93247 or 93248					
Event Monitor, 30 Days	93268 or 93270 or 93271 or 93272	(C1764; 93268) (C1764; 93270) (C1764; 93271) (C1764; 93272)				
Cardiac Telemetry, Professional	93228					
Electrophysiology Study	93620 or 93619 or 93644	C1733 or C2630 or C1733	93613 and/or 93621 and/or 93622 (C1893) and/or 93623 (C1893) (93622; C1766 or C1893)	(C1732; 93613) (C2630; 93621) (C2630; 93622)		
Atrioventricular (AV) Node Ablation	93650	(C2630; 93650) or C1895 or C1892 or C1893 or C2628	93620, 93613, 93623 (C1893) or (93623; C1766)	(C1785 or C2619 or C1893 or C1894 or C2628; 33208) (C1732; 93613) (C1733 or C2630; 93620)		
Tilt Table Test (TTT)	93660					
External Cardioversion	92960					
Cardioversion through Device	92961					
Non-Imaging Stress Test	93015 or 93016 or 93017 or 93018					
Left Heart Catheterization	93452 or 93454 or 93455 or 93458	C9606 or C1766 or C1893 or C1894	(76937; C1769) or [93452, 93458] - 93462 or 93463 or 93464 or 93567 or (93662; C1766 or C1893) [93454 - 93455] - 93567 or [93452, 93454, 93455, 93458] - 92974	[93454 or 93458] - G0278		
Left Heart Catheterization, Bypass	93459		(76937; C1769) or [93459] - 93462, 93463, 93464, 93567	[93459] - G0278		
Right Heart Catheterization	93451 or 93593 or 93594		(76937; C1769) or [93451] - 93463, 93464, 93566, 93567, 93568 or [93593, 93594] - 93584 or 93585 93586 or 93587 or 93588			

Page 4 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Right and Left Heart Catheterization	93453 or 93456 or 93460	C1894 or C2628	(76937; C1769) or [93453, 93460] - 93462 or 93463 or 93464 or 93566 or 93567 or 93568	[93456 or 93460] - G0278		
			or [93456] - 92974 or 93463 or 93464 or 93566 or 93567 or 93568			
Right and Left Heart Catheterization, including Bypass	93455 or 93457 or 93459 or 93461		(76937; C1769) or [93455] - 92974 or 93567 or [93457] - 92974 or 93463 or 93464 or 93566 or 93567 or 93568 or [93459] - 92974 or 93462 or 93463 or 93464 or 93567 or [93461] - 92974 or 93462 or 93463 or 93464 or 93566 or 93567 or 93568	[93459] - G0278		
Right and Left Heart Congenital Catheterization	93596 or 93597		76937 (C1769) or 93462 or 93563 or 93564 or 93565 or 93566 or 93567 or 93568 or 93569 or 93571 or 93573 or 93574 or 93575 or 93584 or 93585 or 93586 or 93587 or 93588			
Atrial Septal Defect (ASD) Closure	33641 or 33645 or 33660					
Partial Anomalous Pulmonary Venous Return (PAPVR) Closure	33724 or 33730					
Patent Ductus Arteriosus (PDA) Closure	33820 or 33824					
Ventricular Septal Defect (VSD) Closure	33675 or 33676 or 33681 or 33684 or 33688		[33684, 33688] - 33924			
Pulmonary Valve Replacement	33475					
Pulmonary Valvotomy with Inflow Occlusion	33474		33924			
Surgical Tricuspid Valve Repair	33460 or 33463 or 33464					
Tricuspid Valve Replacement	33465					
Tricuspid Valve Replacement with Ebstein Anomaly	33468					
Anomalous Coronary Anomaly Repair	33500 or 33501 or 33502 or 33503 or 33504 or 33505 or 33506 or 33507					
Coarctation Repair	33840 or 33845 or 33851					
Supramitral Ring Resection	33732					
Supravalvular Aortic Stenosis Surgery	33417					
Surgical Subaortic Membrane Resection	33415					
Percutaneous Coronary Intervention, Angioplasty	92920	(C1760; 92920) (C1753; 93571) (C1753; 93572)	92921 and/or 92972 and/or 92974 and or/ 92978 and/or 92979 and/or 93571 and/or 93572 and/or (76937; C1769)	(C1753; 93571) (C1753; 93572)		
Percutaneous Coronary Intervention, Stent	92928	(C1760 or C9600; 92928) (C9601; 92929)	92929 and/or 92978 and/or 92979 and/or (76937; C1769) [92928] - 92972 or 92974	(C9601; 92929)		

Page 5 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Percutaneous Coronary Intervention, Atherectomy/Thrombectomy	92924	(C1760; 92924)	[92924] - (76937; C1769) or 92921 or 92925 or 92972 or 92973 or 92974 or 92978 [92978] - 92979			
Percutaneous Coronary Intervention, Chronic Total Occlusion (CTO)	92943	(C1760 or C9607; 92943) (C9608; 92944)	92944 and/or 92978 and/or 92979 and/or (76937; C1769) [92943] - 92972 or 92974	(C9608; 92944)		
Percutaneous Coronary Intervention including Atherectomy, with Stent, Bypass	92937	(C1760 or C9604; 92937) (C9605; 92938)	92938 and/or 92972 and/or 92974 and/or 92978 and/or 92979 and/or (76937; C1769)			
Percutaneous Coronary Intervention including Atherectomy, with Stent	92933	(C1760 or C9602; 92933) (C9603; 92934)	92934 and/or 92972 and/or 92974 and/or 92978 and/or 92979 and/or (76937; C1769)	(C9603; 92934)		
Transesophageal Echo, Congenital	93315 or 93316 or 93317		93320 and/or 93325 (C1893) or (C2628) (93320; 93325 - C1766)			
Transesophageal Echo, Adult	93312	C1893 or C1894 or C2628	93320 and/or 93325 (93320; 93325 - C1766 or C1893)			
Transesophageal Echo, Intraoperative	93314 or 93318					
Venous Duplex	93970 or 93971					
Venous Duplex, Unilateral	93971					
Venous Intervention, Ablation	36473 or 36475 or 36478 or 36482		36474, or 36476 or 36479			
Venous Intervention, Stripping and Ligation	37722 or 37700 or 37718 or 37760 or 37761 or 37780					
Venous Intervention, Ultrasound- Guided Sclerotherapy	36465 or 36470					
Venous Intervention, Mechanochemical Ablation			36474			
Venous Intervention, Radiofrequency Ablation (RFA)	36475		36476			
Venous Intervention, Laser Ablation	36478		36479			
Venous Intervention, Chemical Adhesive Ablation	36482		36483			
Venous Intervention, Ultrasound- Guided Sclerotherapy, Accessory/Tributaries or Var Plexus/Clusters	36471 or 36466					
Venous Intervention, Var Plexus/Clusters, Stab Phlebectomy	37765 or 37766					
Venous Intervention, Var Plexus/Clusters, Stripping and Ligation	37785					
Venogram, Extremity	36000 or 75825 or 75822					
Venogram, Extremity and Inferior or Superior Vena Cava (IVC or SVC)	36005 or 36010 or 36011 or 36012 or 75820					
Iliocaval Venous Intervention, Stent	37238		37239 or 37252 or 37253 or C1884 or C1885			
Iliocaval Venous Intervention, Venoplasty	37248		37249 or 37252 (C1884 or C1885) or 37253			
Vessel Mapping, Dialysis Creation	93985 or 93986					
Fistula Duplex	93990					
Hemodialysis Fistula Creation	36818 or 36819 or 36820 or 36821 or 36825 or 36830					
Percutaneous AV Fistula Creation, including Maturation Process, Separate Access of Artery and Vein	36837		35400			

Page 6 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Perc AV Fistula Creation, including Maturation Process, Single Access of Both Artery and Vein	36836 or 36800 or 36810 or 36815		35400			
Dialysis Fistula Maintenance, Surgical	36832 or 36833		36907 or 36908			
Dialysis Fistula Ligation	37607					
Dialysis Fistula Maintenance, Thrombectomy	36904 or 36905 or 36906 or 36831		36907 or 36908 or 36909			
Dialysis Fistula Maintenance, Percutaneous Angioplasty (PTA)	36902	C1894	36907 or 36908 or 36909			
Dialysis Fistula Maintenance, Percutaneous Stent	36903		36907 or 36908 or 36909			
Dialysis Fistula Maintenance, Percutaneous Fistulogram	36901		36907 or 36908 or 36909			
Intracardiac Tumor Resection	33120					
External Tumor Resection	33130					
Carotid Duplex, Unilateral	93882					
Carotid Intima Madia Thickness (CIMT)	93880					
Carotid Intima-Media Thickness (CIMT) Duplex						
Subclavian Artery Angiogram	36225		36218	1		
Carotid Angiogram	36215 or 36222		36227, 36228			
Carotid Angiogram, including Extracranial and Intracranial Vessels	36223 or 36224		36227, 36228			
Thoracic Angiogram including Carotids, Extracranial and Intracranial Vessels	36221 or 36216 or 36217		[36216 - 36217] - 36218			
Carotid Artery Intervention, Surgical	35301	(C1768; 35301)	35390			
Carotid Artery Intervention, Percutaneous	37215 or 37216 or 37217 or 37218					
Subclavian or Renal Artery Intervention, Percutaneous Angioplasty	37246	C1760	37247			
Subclavian or Renal Artery Intervention, Percutaneous Angioplasty with Stent	37236	C1760 or C1874 or C1875	36218	(C1874 or C1875; 37237)		
Cardiac Computed Tomography (CCT)	75572 or 75573					
Coronary Computed Tomography Angiogram (CCTA)	75574					
Pericardiectomy	33031 or 33030					
Pericardial Effusion Related Procedures	33016 or 33017 or 33018 or 33019 or 33020 or 33025					
Pericardial Cyst/Tumor Resection	33050 or 32661					
Thoracostomy for Empyema	32035 or 32036					
Diagnostic Video-Assisted Thoracic Surgery (VATS) / Computed Tomography (CT) Biopsy, Heart	32601 or 32604					
Video-Assisted Thoracic Surgery (VATS) Surgical, Heart	32658 or 32659 or 32661					
Bronchoscopy / Endobronchial Ultrasound Bronchoscopy (EBUS) / Computed Tomography (CT) Biopsy	31622 or 31627 or 31654 or 32408 or 31628 or 31652					
Pleural Effusion Related Procedures	32554 or 32555 or 32556 or 32557 or 32650 or 32550 or 32552 or 32551					
Pleura Based Procedures	32609 or 32656 or 32098 or 32140 or 32141 or 32400					

Page 7 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Lung Reduction Surgery	32440 or 32480 or 32484 or 32482 or 32503 or 32504 or 32505		32674			
Video-Assisted Thoracoscopic Surgery (VATS) Surgical, Lobectomy	32669 or 32670 or 32671 or 32663		32674			
Thoracoscopy, Surgical with Excision of Mediastinal Cyst, Tumor, or Mass	32662					
Thoracoscopy, Surgical with Resection of Thymus	32673					
Endovascular Abdominal Aortic Aneurysm Repair (EVAAAR)	34701 or 34702 or 34703 or 34704 or 34705 or 34706 or 34707 or 34708		34709 or 34714 or 34820 or 34833 or 34834 or 34713 or 34715 or 34716 or 34808 or 34812 or 37252 (C1884 or C1885) [34812] - 34813 [34703-34706] - 34717 or [37252] - 37253 (C1884)			
Endovascular Iliac Artery Aneurysm Repair	34707 or 34708 or 34718		(37252, 37253; C1884 or C1885) or 34713 or 34714 or 34820 or 34833 or 34834 or 34715 or 34716 or 34808			
Aortic Dissection, Open/Surgical	33858		33866			
Aortic Aneurysm Repair with Aortic Valve Replacement (AVR), Open/Surgical	33863					
Ascending Aortic Aneurysm Repair, Open/Surgical	33859 or 33864		33405			
Thoraco-Abdominal Aortic Aneurysm Repair, Open/Surgical	35081 or 34830 or 34831 or 34832 or 35082 or 35091 or 35092		34714 or 34812			
Femoral-Popliteal Artery Aneurysm Repair, Open/Surgical	35141 or 35142 or 35151 or 35152					
Femoral Artery Related Bypass, Surgical	35654 or 35656 or 35556 or 35566 or 35661 or 35583 or 35647 or 35585 or 35666 or 35539 or 35540 or 35565 or 35665 or 35621	C1768	[35556, 35566, 35583, 35585] - 35500 or 35686 or 35700 [35666] - 35685			
Iliofemoral Bypass	35565 or 35665					
Inferior Vena Cava (IVC) Filter Insertion	37191	C1880 or C2617				
Inferior Vena Cava (IVC) Filter, Repositioning/Removal	37192 or 37193	C1880				
Central Venous Catheter Removal	36589 or 36590		(76937; C1769) or 77001			
Central Venous Catheter, Repair/Repositioning/Replacement	36575 or 36576 or 36578 or 36580 or 36581 or 36582 or 36583 or 36585 or 36589 or 36590 or 36597		(76937; C1769) or 77001			
Central Venous Catheter Insertion	36556 or 36558 or 36561 or 36563 or 36565 or 36566 or 36569	36561 (C1894)	(76937; C1769) or 77001			
Cardiac Positron Emission Tomography (PET)	78459	A9552			A9555	
Cardiac Positron Emission Tomography (PET) with Computed Tomography, with or without Stress Test	78429 or 78430 or 78431 or 78432 or 78433 or 78491 or 78492	A9552			A9555	J1245 or J125 or J0153 or J2785

Page 8 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Cardiac Magnetic Resonance Imaging (MRI), with Stress Test	75559 or 75563		75565			J2785 or J1245 or J1250 or J0153
Cardiac Magnetic Resonance Imaging (MRI), without Stress Test	75557 or 75561		75565			
Cardiac Magnetic Resonance Imaging (MRI), with or without Contrast	75561		75565			
Renal Angiogram Stress Echo	36251 or 36252 93350 or 93351		(76937; C1769) 93352 or 93320 or 93325 (C1893) or (C2628) (93320; 93325 - C1766)			J1250 or J1245
Vascular Embolization for Venous Malformation	37241		36248, (37252, 37253; C1884 or C1885) or 75774, (76937; C1769)			
Vascular Embolization for Arterial Malformation/Fistula	37242		36248, (37252, 37253; C1884 or C1885) or 75774, (76937; C1769)			
Vascular Embolization Tumor Treatment	37243	C1884	36248, (37252, 37253; C1884 or C1885) or 75774, (76937; C1769)			
Vascular Embolization for Arterial and Venous Hemorrhage	37244		36248, (37252, 37253; C1884 or C1885) or 75774, (76937; C1769)			
Debridement/Wound Care, Subcutaneous Tissue	11042					
Debridement/Wound Care, Muscle and/or Fascia	11043					
Debridement/Wound Care, Bone	11044					
Incision and Drainage	10140 or 10180 or 27301 or 27603					
Amputation of Thigh through Femur	27590 or 27591 or 27592 or 27594 or 27596					
Amputation of Leg through Tibia and Fibula	27880 or 27881 or 27882 or 27884 or 27886					
Decompression Fasciotomy	27600 or 27601 or 27602 or 27892 or 27893 or 27894					
Unna Boots	29580 or 29581					
Sternal Debridement	21627					
Insertion of Indwelling Tunneled Pleural Catheter with Cuff						
Transthoracic Echocardiogram (TTE)	93303 or 93304 or 93306 or 93307 or 93308	C9606 or (93308; C1766 or C1893)				
Abdomen Aorta Duplex, Screening	76706					
Abdomen Vascular Duplex	93978 or 93979					
Renal Duplex, Complete	93975					
Renal Duplex, Limited Aortic Valve Surgery	93976 33390 or 33391 or 33405 or 33496 or 33406 or 33410 or 33411 or 33412 or 33413 or 33440 or 92986	[92986] - C1760	[33405, 33406, 33410, 33440, 33411- 33413] - 33530			
Angiography, Pelvic Supervision and Interpretation	75736	C1725 or C1760 or C2623				

Page 9 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Aortobifemoral Bypass Graft, Other than Vein	35646					
Automatic External Defibrillator		K0606				
Axillary-Brachial Artery Aneurysm Repair, by Arm Incision	35011					
Cardiac Synchronization Therapy, Lead Pacemaker		C1898				
Carotid or Subclavian Artery Aneurysm Repair, by Neck Incision	35001					
Defibrillator Battery Replacement		K0607				
Defibrillator Electrodes Garment Type Replacement		K0609				
Defibrillator Garment Replacement		K0608				
Diagnostic Ultrasound, Echocardiography Image and Interpretation	76987					
Diagnostic Ultrasound, Echocardiography Image ONLY	76988					
Diagnostic Ultrasound, Epiaortic	76984					
Diagnostic Ultrasound, Interpretation and Report ONLY	76989					
Electrophysiology Catheter Diagnostic		C1730 or C1731				
Femoral Artery Bypass Graft	35558					
Iliac Artery, Abdominal Incision	35351					
Initial Programming, Cardioverter- Defibrillator	93745					
Insertion of Epicardial Electrode(s), Open Incision	33202					
Insertion of Epicardial Electrode(s), Thoracoscopy or Pericardioscopy	33203					
Dual Chamber Electrode(s), Insertion/Replacement	33211					
Single Chamber Pacemaker Catheter, Insertion/Replacement	33210					
Intracatheter Artery - Needle	36140					
Mammary Artery Graft Isolated Coronary Artery Bypass Graft (CABG)		4110F				
Open Revision Artery Bypass without Thrombectomy	35881					
Open Revision Femoral Anastomosis of Synthetic Arterial Bypass Graft, Autogenous Patch Graft	35884					
Open Revision Femoral Anastomosis of Synthetic Arterial Bypass Graft, Nonautogenous Patch Graft	35883					
Popliteal-Peroneal Artery Bypass Graft, Other than Vein			_			
Popliteal-Tibial Artery Bypass Graft with Vein	35571					
Popliteal-Tibial in situ Vein Bypass	35587					
Pulmonary Artery Repair	33917		33924			
Relocation of Skin Pocket	33222 or 33223					
Removal of Epicardial Pacemaker and Electrodes, Dual Lead	33237					
Removal of Epicardial Pacemaker and Electrodes, Single Lead	33236					

Page 10 of 11 10.21.25 Extract



This document outlines how cardiovascular services are grouped into Service Groups within the Evolent provider portal, RadMD. It helps providers identify the primary CPT codes, related add-on codes and associated HCPCS included in each Service Group. This grid includes all Service Groups in RadMD, regardless of health plan scope or prior authorization requirements, and is subject to change without notice. RadMD will present the Service Groups and codes for selection according to the health plan's program scope. To verify prior authorization requirements for CPT and HCPCS codes within Evolent's review scope for a specific health plan, please refer to the Evolent Interventional Cardiovascular Utilization Matrix in Provider Resources.

Search for CPT codes by using the column filters or click (ctrl + F) to search for your code(s). Note: Commas and 'or' represents when a choice between the listed codes must be made in the request; 'and/or' represents when multiple codes may be requested together.

Please contact your dedicated Evolent Provider Engagement Manager or providertraining@evolent.com with questions regarding this resource.

Service Group Name	Primary Code(s)	Allowed HCPCS for Primary Code	Related Add-on Code(s)	Allowed HCPCS for Add-on Code(s)	A Code(s)	J Code(s)
Repair of 2 Transvenous Electrodes for Pacemaker/Implantable Defibrillator	33220					
Reposition Implanted Pacemaker/Defibrillator	33215					
Transcatheter Implantation, Pulmonary Artery	33289	C2624				
Thoracic Endovascular Aortic Repair (TEVAR)	33881		(93662; C1759 or C1766 or C1893)			
Thromboendarterectomy	35302 or 35303 or 35304 or 35305 or 35355 or 35371 or 35372	C1768	35306			
Electrophysiologic (EP) Evaluation of Cardioverter-Defibrillator Leads	93641	C1895 or C1896				
Ventricular Assist Device (VAD)	33990 or 33991 or 33993 or 33995					
Ultrasound Guidance for Vascular Access	76937	C1895 or C1769		[76937] - G0278		
Cardiac Telemetry, Technical	93229					
Diagnostic Video-Assisted Thoracic Surgery (VATS) / Computed Tomography (CT) Biopsy, Lung	32606 or 32607 or 32608					
Video-Assisted Thoracic Surgery (VATS) Surgical, Lung	32650 or 32651 or 32652 or 32653 or 32654 or 32655 or 32656 or 32663 or 32665 or 32666					
Descending Thoracic Aortic Aneurysm Repair, Open/Surgical	33875					
Selective Catheterization, Abdomen/Lower Extremity	36245 and 75726 or 36246 and 75726 or 36247 and 75726	(36247; C1884 or C2628)				
CardioVascular-Other		E0617 or C1766 or C1884 or C2625	[33900 - 33903] 33904 [37184 (C1884)] - 37185 or 37186			

Page 11 of 11 10.21.25 Extract