

TAR and Non-Benefit List: Codes 70000 thru 79999

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«Medi-Cal has not activated all CPT® Category I or Proprietary Laboratory Analysis (PLA) codes associated with various covered Medi-Cal benefits and services. In these instances, the CPT Category I or PLA codes are classified a “non-benefit” for Medi-Cal and in deny status for the general Medi-Cal population. However, Medi-Cal may provide reimbursement for a CPT code Category I or PLA code with an approved *Treatment Authorization Request* (TAR) if medical necessity is established. Billing codes in non-benefit status should be evaluated and coverage decided on a case-by-case basis for individual Medi-Cal members based upon medical necessity.»

Radiology

Diagnostic Radiology (Diagnostic Imaging)

Note: Refer to the *TAR and Non-Benefit: Introduction to List* in this manual for more information about the categories of benefit restrictions.

Head and Neck

Code	Description	Benefit Restrictions
70336	MRI of jaw joint(s)	Non-Benefit
70371	Dynamic pharyngeal and speech evaluation	Non-Benefit
70540	Magnetic resonance imaging, orbit, face and/or neck, without contrast	Requires TAR, Primary Surgeon/ Provider
70542	Magnetic resonance imaging, orbit, face, and neck; with contrast	Requires TAR, Primary Surgeon/ Provider
70543	Magnetic resonance imaging, orbit, face, and neck; with and without contrast	Requires TAR, Primary Surgeon/ Provider
70544	Magnetic resonance angiography, head; without contrast	Requires TAR, Primary Surgeon/ Provider
70545	Magnetic resonance angiography, head; with contrast	Requires TAR, Primary Surgeon/ Provider
70546	Magnetic resonance angiography, head; with and without contrast	Requires TAR, Primary Surgeon/ Provider

Head and Neck (continued)

Code	Description	Benefit Restrictions
70547	Magnetic resonance angiography, neck; without contrast	Requires TAR, Primary Surgeon/ Provider
70548	Magnetic resonance angiography, neck; with contrast	Requires TAR, Primary Surgeon/ Provider
70549	Magnetic resonance angiography, neck; with and without contrast	Requires TAR, Primary Surgeon/ Provider /
70551	Magnetic resonance imaging, brain and brain stem, without contrast	Requires TAR, Primary Surgeon/ Provider
70552	Magnetic resonance imaging, brain, with contrast	Requires TAR, Primary Surgeon/ Provider
70553	Magnetic resonance imaging, brain (including brain stem); with and without contrast	Requires TAR, Primary Surgeon/ Provider
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material.	Requires TAR, Primary Surgeon/ Provider
70558	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); with contrast material(s)	Requires TAR, Primary Surgeon/ Provider
70559	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	Requires TAR, Primary Surgeon/ Provider

Chest

Code	Description	Benefit Restrictions
71550	Magnetic resonance imaging, chest; without contrast	Requires TAR, Primary Surgeon/ Provider
71551	Magnetic resonance imaging, chest; with contrast	Requires TAR, Primary Surgeon/ Provider
71552	Magnetic resonance imaging, chest; with and without contrast	Requires TAR, Primary Surgeon/ Provider
71555	Magnetic resonance angiography, chest	Requires TAR, Primary Surgeon/ Provider

Spine and Pelvis

Code	Description	Benefit Restrictions
72141	Magnetic resonance imaging, spinal canal and contents, cervical; without contrast	2 Requires TAR, Primary Surgeon/ Provider
72142	Magnetic resonance imaging, spinal canal and contents, cervical; with contrast	Requires TAR, Primary Surgeon/ Provider
72146	Magnetic resonance imaging, spinal canal and contents, thoracic; without contrast	Requires TAR, Primary Surgeon/ Provider
72147	Magnetic resonance imaging, spinal canal and contents, thoracic; with contrast	Requires TAR, Primary Surgeon/ Provider
72148	Magnetic resonance imaging, spinal canal and contents, lumbar; without contrast	Requires TAR, Primary Surgeon/ Provider
72149	Magnetic resonance imaging, spinal canal and contents, lumbar; with contrast	Requires TAR, Primary Surgeon/ Provider

Spine and Pelvis

Code	Description	Benefit Restrictions
72156	Magnetic resonance imaging, spinal canal and contents, with and without contrast; cervical	Requires TAR, Primary Surgeon/ Provider
72157	Magnetic resonance imaging, spinal canal and contents, with and without contrast; thoracic	Requires TAR, Primary Surgeon/ Provider
72158	Magnetic resonance imaging, spinal canal and contents, with and without contrast; lumbar	Requires TAR, Primary Surgeon/ Provider
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Requires TAR, Primary Surgeon/ Provider
72195	Magnetic resonance imaging, pelvis; without contrast	Requires TAR, Primary Surgeon/ Provider
72196	Magnetic resonance imaging, pelvis; with contrast	Requires TAR, Primary Surgeon/ Provider
72197	Magnetic resonance imaging, pelvis; with and without contrast	Requires TAR, Primary Surgeon/ Provider
72198	Magnetic resonance angiography, pelvis, with or without contrast	Requires TAR, Primary Surgeon/ Provider

Upper Extremities

Code	Description	Benefit Restrictions
73218	Magnetic resonance imaging, upper extremity, other than joint; without contrast	Requires TAR, Primary Surgeon/ Provider
73219	Magnetic resonance imaging, upper extremity, other than joint; with contrast	Requires TAR, Primary Surgeon/ Provider
73220	Magnetic resonance imaging, upper extremity, other than joint; with and without contrast	Requires TAR, Primary Surgeon/ Provider

Upper Extremities (continued)

Code	Description	Benefit Restrictions
73221	Magnetic resonance imaging, any joint of upper extremity; without contrast	Requires TAR, Primary Surgeon/ Provider
73222	Magnetic resonance imaging, any joint of upper extremity; with contrast	Requires TAR, Primary Surgeon/ Provider
73223	Magnetic resonance imaging, any joint of upper extremity; with and without contrast	Requires TAR, Primary Surgeon/ Provider
73225	Magnetic resonance angiography, upper extremity	Requires TAR, Primary Surgeon/ Provider

Lower Extremities

Code	Description	Benefit Restrictions
73718	Magnetic resonance imaging, lower extremity other than joint; without contrast	Requires TAR, Primary Surgeon/ Provider
73719	Magnetic resonance imaging, lower extremity other than joint; with contrast	Requires TAR, Primary Surgeon/ Provider
73720	Magnetic resonance imaging, lower extremity other than joint; with and without contrast	Requires TAR, Primary Surgeon/ Provider
73721	Magnetic resonance imaging, any joint of lower extremity; without contrast	Requires TAR, Primary Surgeon/ Provider
73722	Magnetic resonance imaging, any joint of lower extremity; with contrast	Requires TAR, Primary Surgeon/ Provider
73723	Magnetic resonance imaging, any joint of lower extremity; with and without contrast	Requires TAR, Primary Surgeon/ Provider
73725	Magnetic resonance angiography, lower extremity	Requires TAR, Primary Surgeon/ Provider

Abdomen

Code	Description	Benefit Restrictions
74181	Magnetic resonance imaging, abdomen; without contrast	Requires TAR, Primary Surgeon/ Provider
74182	Magnetic resonance imaging, abdomen; with contrast	Requires TAR, Primary Surgeon/ Provider
74183	Magnetic resonance imaging, abdomen; with and without contrast	Requires TAR, Primary Surgeon/ Provider
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Requires TAR, Primary Surgeon/ Provider

Gastrointestinal Tract

Code	Description	Benefit Restrictions
74261	Computed tomographic colonography, diagnostic, including image postprocessing; without contrast material	«Requires TAR, Primary Surgeon/ Provider»
74262	Computed tomographic colonography, diagnostic, including image postprocessing; with contrast material including non-contrast images, if performed	«Requires TAR, Primary Surgeon/ Provider»
74263	Computed tomographic colonography, screening, including image postprocessing *	«Requires TAR, Primary Surgeon/ Provider»

Gynecological and Obstetrical

Code	Description	Benefit Restrictions
74712	Magnetic resonance imaging, fetal; single or first gestation	Requires TAR, Primary Surgeon/ Provider
74713	Magnetic resonance imaging, fetal; each additional gestation	Requires TAR, Primary Surgeon/ Provider
74742	Transcervical catheterization fallopian tube, radiological supervision and interpretation	Non-Benefit

Heart

Code	Description	Benefit Restrictions
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	Non-Benefit
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Non-Benefit
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Requires TAR, Primary Surgeon/ Provider
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Non-Benefit
75564	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress	Non-Benefit
75565	Cardiac magnetic resonance imaging for velocity flow mapping	Requires TAR, Primary Surgeon/ Provider
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Requires TAR, Primary Surgeon/ Provider
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology	Requires TAR, Primary Surgeon/ Provider
75573	«Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)»	Requires TAR, Primary Surgeon/ Provider
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts, with contrast material, including 3D image post processing	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image post-processing on an independent workstation	Non-Benefit
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post-processing on an independent workstation	Non-Benefit
76390	Magnetic resonance spectroscopy	Non-Benefit
76391	Magnetic resonance elastography	Requires TAR, Primary Surgeon/ Provider
76496	Unlisted fluoroscopic procedure	Requires TAR, Primary Surgeon/ Provider
76497	Unlisted computed tomography procedure	Requires TAR, Primary Surgeon/ Provider
76498	Unlisted magnetic resonance procedure	Requires TAR, Primary Surgeon/ Provider
76499	Unlisted diagnostic radiographic procedure	Requires TAR, Primary Surgeon/ Provider

Diagnostic Ultrasound

Pelvis

Code	Description	Benefit Restrictions
76818	Fetal biophysical profile; with non-stress testing	Non-Benefit

Ultrasonic Guidance Procedures

Code	Description	Benefit Restrictions
76936	Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	Non-Benefit
76945	Ultrasonic guidance for chorionic villus sampling	Non-Benefit
76948	Ultrasonic guidance for aspiration of ova	Non-Benefit

Other Procedures

Code	Description	Benefit Restrictions
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Non-Benefit

Radiologic Guidance

Magnetic Resonance Imaging

Code	Description	Benefit Restrictions
77046	Magnetic resonance imaging, without contrast material; unilateral	Requires TAR, Primary Surgeon/ Provider
77047	Magnetic resonance imaging, without contrast material; bilateral	Requires TAR, Primary Surgeon/ Provider
77048	Magnetic resonance imaging, breast, without and with contrast materials, including CAD, when performed; unilateral	Requires TAR, Primary Surgeon/ Provider
77049	Magnetic resonance imaging, breast, without and with contrast materials, including CAD, when performed; bilateral	Requires TAR, Primary Surgeon/ Provider

Bone/Joint Studies**Magnetic Resonance Imaging**

Code	Description	Benefit Restrictions
77078	Computed tomography, bone mineral density study; axial skeleton	Non-Benefit
77084	Magnetic resonance imaging, bone marrow blood supply	Non-Benefit

Radiation Oncology**Hyperthermia**

Code	Description	Benefit Restrictions
77600	Hyperthermia; superficial	Requires TAR, Primary Surgeon/ Provider
77605	Hyperthermia; deep	Non-Benefit
77610	Hyperthermia generated by interstitial probe; five or fewer applicators	Requires TAR, Primary Surgeon/ Provider
77615	Hyperthermia generated by interstitial probe; more than five applicators	Requires TAR, Primary Surgeon/ Provider
77620	Hyperthermia generated by intracavitary probe	Non-Benefit

Diagnostic Nuclear Medicine**Gastrointestinal System**

Code	Description	Benefit Restrictions
78267	Urea breath test, C-14; acquisition for analysis	Non-Benefit
78268	Urea breath test, C-14; analysis	Non-Benefit

Musculoskeletal System

Code	Description	Benefit Restrictions
78350	Bone density study, one or more sites; single photon absorptiometry	Non-Benefit
78351	Bone density study; dual photon absorptiometry, one or more sites	Non-Benefit

Cardiovascular System

Code	Description	Benefit Restrictions
«78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Requires TAR, Primary Surgeon/ Provider»
«78430	Myocardial imaging, positron emission tomography (PET), perfusion study	Requires TAR, Primary Surgeon/ Provider»
«78431	Myocardial imaging, positron emission tomography (PET), perfusion study	Requires TAR, Primary Surgeon/ Provider»
«78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Requires TAR, Primary Surgeon/ Provider»
«78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study	Requires TAR, Primary Surgeon/ Provider»
«78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET)	Requires TAR, Primary Surgeon/ Provider»
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Requires TAR, Primary Surgeon/ Provider
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Non-Benefit
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	Non-Benefit
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	Non-Benefit

Nervous System

Code	Description	Benefit Restrictions
78607	Brain imaging; tomographic (SPECT)	Non-Benefit
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Requires TAR, Primary Surgeon/ Provider
78609	Brain imaging, PET; perfusion evaluation	Requires TAR, Primary Surgeon/ Provider
78647	Cerebrospinal fluid flow, imaging; tomographic (SPECT)	Non-Benefit

Genitourinary System

Code	Description	Benefit Restrictions
78710	Kidney imaging, tomographic (SPECT)	Non-Benefit

Other Procedures

Code	Description	Benefit Restrictions
78803	Radiopharmaceutical localization of tumor; tomographic (SPECT)	Non-Benefit
78807	Radiopharmaceutical localization of abscess; tomographic (SPECT)	Non-Benefit
78810	Tumor imaging, positron emission tomography (PET), metabolic evaluation	Requires TAR, Primary Surgeon/ Provider
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)	Requires TAR, Primary Surgeon/ Provider
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh	Requires TAR, Primary Surgeon/ Provider
78813	Tumor imaging, positron emission tomography (PET); whole body	Requires TAR, Primary Surgeon/ Provider
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)	Requires TAR, Primary Surgeon/ Provider

Other Procedures (continued)

Code	Description	Benefit Restrictions
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	Requires TAR, Primary Surgeon/ Provider
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	Requires TAR, Primary Surgeon/ Provider
«78830	Radiopharmaceutical localization of tumor, tomographic (SPECT)	Requires TAR, Primary Surgeon/ Provider»
«78831	Radiopharmaceutical localization of tumor, tomographic (SPECT)	Requires TAR, Primary Surgeon/ Provider»
«78832	Radiopharmaceutical localization of tumor, tomographic (SPECT)	Requires TAR, Primary Surgeon/ Provider»
«78835	Radiopharmaceutical quantification measurement(s) single area	Requires TAR, Primary Surgeon/ Provider»
78890	Generation automated data, not to exceed	Non-Benefit
78891	Generation automated data, exceeding 30 minutes	Not Applicable

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
«*	CPT code 74263 is to be used to bill for screening purposes only and is restricted to individuals between 45 and 75 years of age. ICD-10-CM code z12.11 is required on the claim to bill with this code. Annual screening is not recommended for ages 76 through 85 years old, however United States Preventive Service Task Force supports medical review to allow screening for colorectal cancer in this age group on a case by case.