

# RADIOLOGY PROCEDURES REQUIRING PRECERTIFICATION FOR EVICORE HEALTHCARE ARRANGEMENT

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Table of Contents	Page
<a href="#">INSTRUCTIONS FOR USE</a> .....	1
<a href="#">CONDITIONS OF COVERAGE</a> .....	1
<a href="#">BENEFIT CONSIDERATIONS</a> .....	2
<a href="#">COVERAGE RATIONALE</a> .....	2
<a href="#">BACKGROUND</a> .....	3
<a href="#">APPLICABLE CODES</a> .....	3
<a href="#">ATTACHMENTS</a> .....	13
<a href="#">POLICY HISTORY/REVISION INFORMATION</a> .....	13

Related Policies
<ul style="list-style-type: none"> <li>• <a href="#">Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement</a></li> <li>• <a href="#">Collagen Crosslinks and Biochemical Markers of Bone Turnover</a></li> <li>• <a href="#">Magnetic Resonance Spectroscopy (MRS)</a></li> <li>• <a href="#">Obstetrical Ultrasonography</a></li> </ul>

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	Yes <sup>1</sup> <b>Note:</b> All requests are handled by eviCore healthcare.
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Outpatient, Office
Special Considerations	<sup>1</sup> Refer to the <a href="#">Benefits Consideration</a> section for precertification guidelines for Members enrolled in: <ul style="list-style-type: none"> <li>• New York (NY) Large and Small groups, Connecticut (CT) Large and Small groups and New Jersey (NJ) Large groups with out-of-network benefits; and</li> <li>• New Jersey (NJ) Small group plans, NJ Individual plans [for Date of Service (DOS) prior to 01/01/17], NJ School Board plans and NJ Municipality plans.</li> </ul>

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

### **New York (NY) Large and Small Groups, Connecticut (CT) Large and Small Groups, and New Jersey (NJ) Large Groups with Out-of-Network Benefits**

Oxford commercial Members who have out-of-network benefits and who are part of New York Large and Small groups, Connecticut Large and Small groups and New Jersey Large groups also need to obtain pre-certification for MRI, MRA, PET, CT and Nuclear Medicine studies when seeing an out-of-network provider.

### **NJ Small, NJ Individual [for Date of Service (DOS) prior to 01/01/17], NJ School Board and NJ Municipality Products**

Services indicated as requiring a precertification require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician's responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

### **Essential Health Benefits for Individual and Small Groups**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## COVERAGE RATIONALE

Oxford has engaged eviCore healthcare to perform initial reviews of requests for pre-certification and Medical necessity reviews (Oxford continues to be responsible for decisions to limit or deny coverage and for appeals).

All pre-certification requests are handled by eviCore healthcare. To pre-certify a radiology procedure, please contact eviCore healthcare via one of the two options listed below:

- Providers can call eviCore healthcare at 1-877-PRE-AUTH (1-877-773-2884); or
- Providers can log onto the eviCore healthcare web page using the [Prior Authorization and Notification App](#).

**Note:** It is eviCore healthcare's policy not to accept precertification requests from persons or entities other than referring physicians.

eviCore healthcare has established an infrastructure to support the review, development, and implementation of comprehensive outpatient imaging criteria. The radiology evidence-based guidelines and management criteria are available on the eviCore healthcare web site using the [Prior Authorization and Notification App](#).

### **Accreditation Requirements for Participating Providers**

**Note:** Hospitals are currently excluded from the accreditation requirements listed below.

- All MRI, PET, and CT studies must be performed on an American College of Radiology (ACR), Intersocietal Accreditation Commission (IAC), RadSite or The Joint Commission (TJC) accredited unit or at accredited facilities.
- Nuclear Medicine procedures noted with an \* are only reimbursable to facilities with one of the following accreditations:
  - American College of Radiology (ACR)
  - Intersocietal Accreditation Commission (IAC)
  - Intersocietal Commission for the Accreditation of Nuclear Medicine (ICANL)
- Nuclear Medicine procedures noted with an \* are only reimbursable to radiologists and cardiologists with one of the following certifications:
  - American Board of Radiology (ABR)
  - American Osteopathic Board of Radiology (AOBR)
  - American Board of Nuclear Medicine (ABNM)
  - American Osteopathic Board of Nuclear Medicine (AOBNM)

- o American Board of Internal Medicine (or any of the above) with Certification Board of Nuclear Cardiology (CBNC) [formerly known as the Certification Council of Nuclear Cardiology (CCNC)]

The [Oxford Radiology Prior Notification/Authorization Crosswalk Table](#) contains a list of CPT® codes that are interchangeable for prior authorization. If a Provider obtains prior authorization for a procedure that corresponds with the Crosswalk Table, then the substitution is appropriate.

## BACKGROUND

The following radiology procedures may require precertification through eviCore healthcare.

- Computerized Axial Tomography (CAT) scan
- CT colonography/virtual colonoscopy (for diagnostic purposes)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear medicine imaging
- Positron Emission Tomography (PET) scans
- Obstetrical ultrasound (fourth and subsequent procedure per Member per pregnancy requires authorization)

**Note:** Other procedures may be added to the list of procedures requiring precertification through eviCore healthcare, as necessary.

For bone density screening, refer to the policy titled [Collagen Crosslinks and Biochemical Markers of Bone Turnover](#).

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	-	07/01/2008	MRI (add-on)
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	-	10/01/2008	CAD
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	-	10/01/2008	CAD
70336	MRI TMJ	-	04/15/1999	MRI
70450	Computed tomography, head or brain; without contrast material	-	04/15/1999	CT Scan
70460	CT Head/brain w/ contrast	-	04/15/1999	CT Scan

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
70470	CT Head/brain w/o & w/ contrast	-	04/15/1999	CT Scan
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	-	04/15/1999	CT Scan
70481	CT orbit w/ contrast	-	04/15/1999	CT Scan
70482	CT orbit w/o & w/ contrast	-	04/15/1999	CT Scan
70486	Computed tomography, maxillofacial area; without contrast material	-	04/15/1999	CT Scan
70487	CT Maxllfcl w/ contrast	-	04/15/1999	CT Scan
70488	CT Maxllfcl w/o & w/ contrast	-	04/15/1999	CT Scan
70490	Computed tomography, soft tissue neck; without contrast material	-	04/15/1999	CT Scan
70491	CT Soft tissue neck w/ contrast	-	04/15/1999	CT Scan
70492	CT Soft tissue neck w/o & w/ contrast	-	04/15/1999	CT Scan
70496	CT Angiography, head	-	05/01/2001	CT Scan
70498	CT Angiography, neck	-	05/01/2001	CT Scan
70540	MRI Face, orbit, neck w/o contrast	-	04/15/1999	MRI
70542	MRI Face, orbit, neck with contrast	-	05/01/2001	MRI
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	-	05/01/2001	MRI
70544	MRA Head w/o contrast	-	05/01/2001	MRA
70545	MRA Head w/ contrast	-	05/01/2001	MRA
70546	MRA Head w/ & w/o contrast	-	05/01/2001	MRA
70547	MRA Neck w/o contrast	-	05/01/2001	MRA
70548	MRA Neck w/ contrast	-	05/01/2001	MRA
70549	MRA Neck w/ & w/o contrast	-	05/01/2001	MRA
70551	MRI Head w/o contrast	-	04/15/1999	MRI
70552	MRI Head w/ contrast	05/01/2001	04/15/1999	MRI
70553	MRI Head w/ & w/o contrast	05/01/2001	04/15/1999	MRI
70554	MRI Brain, functional, w/ body part movement and/or visual stimulation	-	01/01/2007	MRI
70555	MRI Brain, functional, w/ entire neurofunctional testing	-	01/01/2007	MRI
71250	Computed tomography, thorax; without contrast material	-	04/15/1999	CT Scan
71260	CT Thorax w/ contrast	-	04/15/1999	CT Scan
71270	CT Thorax w/o & w/ contrast	-	04/15/1999	CT Scan
71275	CT angiography, chest (noncoronary)	-	05/01/2001	CT Scan
71550	MRI Chest w/o contrast	-	04/15/1999	MRI
71551	MRI Chest w contrast	-	05/01/2001	MRI
71552	MRI Chest w & w/o contrast	-	05/01/2001	MRI
71555	MRA Chest (exc myocardium) w/ or w/o contrast	-	04/15/1999	MRA
72125	Computed tomography, cervical spine; without contrast material	-	04/15/1999	CT Scan

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
72126	CT C Spine w/ contrast	-	04/15/1999	CT Scan
72127	CT C Spine w/o & w/ contrast	-	04/15/1999	CT Scan
72128	Computed tomography, thoracic spine; without contrast material	-	04/15/1999	CT Scan
72129	CT T Spine w/ contrast	-	04/15/1999	CT Scan
72130	CT T Spine w/o & w/ contrast	-	04/15/1999	CT Scan
72131	Computed tomography, lumbar spine; without contrast material	05/01/2001	04/15/1999	CT Scan
72132	CT L Spine w/ contrast	05/01/2001	04/15/1999	CT Scan
72133	CT L Spine w/o & w/ contrast	05/01/2001	04/15/1999	CT Scan
72141	MRI Cervical spine w/o contrast	05/01/2001	04/15/1999	MRI
72142	MRI Cervical spine w/ contrast	05/01/2001	04/15/1999	MRI
72146	MRI Thoracic spine w/o contrast	05/01/2001	04/15/1999	MRI
72147	MRI Thoracic spine w/ contrast	05/01/2001	04/15/1999	MRI
72148	MRI Lumbar spine w/o contrast	05/01/2001	04/15/1999	MRI
72149	MRI Lumbar spine w/ contrast	05/01/2001	04/15/1999	MRI
72156	MRI C Spine w/ & w/o contrast	05/01/2001	04/15/1999	MRI
72157	MRI T Spine w/ & w/o contrast	05/01/2001	04/15/1999	MRI
72158	MRI L Spine w/ & w/o contrast	05/01/2001	04/15/1999	MRI
72159	MRA Spinal canal w/ or w/o contrast	-	04/15/1999	MRA
72191	CT Angiography pelvis	-	05/01/2001	CT Scan
72192	Computed tomography, pelvis; without contrast material	-	04/15/1999	CT Scan
72193	CT Pelvis w/ contrast	-	04/15/1999	CT Scan
72194	CT Pelvis w/o & w/ contrast	-	04/15/1999	CT Scan
72195	MRI Pelvis w/o contrast	-	05/01/2001	MRI
72196	MRI Pelvis w/ contrast	-	04/15/1999	MRI
72197	MRI Pelvis w/ & w/o contrast	-	05/01/2001	MRI
72198	MRA Pelvis w/ or w/o contrast	-	04/15/1999	MRA
73200	Computed tomography, upper extremity; without contrast material	-	04/15/1999	CT Scan
73201	CT Upper extremity w/ contrast	-	04/15/1999	CT Scan
73202	CT Upper extremity w/o & w/ contrast	-	04/15/1999	CT Scan
73206	CT Angiography upper extremity	-	02/04/2002	CT Scan
73218	MRI Upper extremity other than joint w/o contrast	05/01/2001	05/01/2001	MRI
73219	MRI Upper extremity other than joint w contrast	05/01/2001	05/01/2001	MRI
73220	MRI Upper extremity other than joint w/ & w/o contrast	05/01/2001	04/15/1999	MRI
73221	MRI Upper extremity joint w/o contrast	05/01/2001	04/15/1999	MRI
73222	MRI Upper extremity joint w/ contrast	05/01/2001	05/01/2001	MRI
73223	MRI Upper extremity joint w/ & w/o contrast	05/01/2001	05/01/2001	MRI
73225	MRA Upper extremity w/ or w/o contrast	-	04/15/1999	MRA
73700	Computed tomography, lower extremity; without contrast material	-	04/15/1999	CT Scan

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
73701	CT Lower extremity w/ contrast	-	04/15/1999	CT Scan
73702	CT Lower extremity w/o & w/ contrast	-	04/15/1999	CT Scan
73706	CT Angiography lower extremity	-	05/01/2001	CT Scan
73718	MRI Lower extremity other than joint w/o contrast	05/01/2001	05/01/2001	MRI
73719	MRI Lower extremity joint w/ contrast	05/01/2001	05/01/2001	MRI
73720	MRI Lower extremity other than joint w/ & w/o contrast	05/01/2001	04/15/1999	MRI
73721	MRI Lower extremity joint w/o contrast	05/01/2001	04/15/1999	MRI
73722	MRI Lower extremity joint w/ contrast	05/01/2001	05/01/2001	MRI
73723	MRI Lower extremity joint w/ & w/o contrast	05/01/2001	05/01/2001	MRI
73725	MRA Lower extremity w/ or w/o contrast	-	04/15/1999	MRA
74150	Computed tomography, abdomen; without contrast material	-	04/15/1999	CT Scan
74160	CT Abdomen w/ contrast	-	04/15/1999	CT Scan
74170	CT Abdomen w/o & w/ contrast	-	04/15/1999	CT Scan
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	-	01/01/2012	CT Scan
74175	CT Angiography abdomen	-	05/01/2001	CT Scan
74176	Computed tomography, abdomen and pelvis; without contrast material	-	01/01/2011	CT Scan
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	-	01/01/2011	CT Scan
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	-	01/01/2011	CT Scan
74181	MRI Abdomen w/o contrast	-	04/15/1999	MRI
74182	MRI Abdomen w/ contrast	-	05/01/2001	MRI
74183	MRI Abdomen w/ & w/o contrast	-	05/01/2001	MRI
74185	MRA Abdomen w/ or w/o contrast	-	04/15/1999	MRA
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	-	01/01/2010	CT Scan
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	-	01/01/2010	CT Scan
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	-	05/01/2014	CT Scan
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	-	01/01/2016	MRI

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	-	01/01/2016	MRI
75635	CT Angiography abdominal aorta and bilateral iliofemoral lower extremity runoff	-	05/01/2001	CT Scan
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	-	01/01/2006	MRI
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	-	01/01/2006	MRI
76380	CT Limited or localized follow-up study	-	04/15/1999	CT Scan
76390	MRI Spectroscopy	-	<b>Note:</b> Not covered. Refer to <a href="#">Magnetic Resonance Spectroscopy (MRS)</a>	MRI
76499	Unlisted procedure	-	04/15/1999	MRI
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< or = 14 weeks 0 days), transabdominal approach; single or first gestation  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	04/01/2003	Obstetrical Ultrasound
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; for each additional gestation (List separately in addition to code for primary procedure performed), use 76802 in conjunction with 76801  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	04/01/2003	Obstetrical Ultrasound
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure performed)  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	04/01/2003	Obstetrical Ultrasound
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	04/01/2003	Obstetrical Ultrasound
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	01/01/2007	Obstetrical Ultrasound
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	01/01/2007	Obstetrical Ultrasound
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position, and/or qualitative amniotic fluid volume), one or more fetuses  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76816	Ultrasound, pregnant uterus, real time with image documentation, follow up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach per fetus  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound



CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal; for non-obstetrical transvaginal ultrasound use 76830; If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	04/01/2003	Obstetrical Ultrasound
76818	Fetal biophysical profile  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76819	Fetal biophysical profile; without stress or non-stress testing  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76820	Doppler velocimetry, fetal; umbilical artery  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	01/01/2005	Obstetrical Ultrasound
76821	Doppler velocimetry, fetal; middle cerebral artery  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	01/01/2005	Obstetrical Ultrasound
76825	Echocardiography, fetal, cardiovascular system, real time w/image documentation (2d), w/ or w/o m-mode recording  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76826	Follow up or repeat study  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76827	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave w/spectral display, complete  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76828	Follow up or repeat study  Refer to <a href="#">Obstetrical Ultrasonography</a> .	-	05/01/2001	Obstetrical Ultrasound
76975	Endoscopic ultrasound	-	03/01/2001	Diagnostic Ultrasound
77021	MRI Guidance for needle placement with radiological supervision and interpretation	-	01/01/2007	MRI
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	-	10/01/2008	MRI
77058	MRI Breast w/ and/or w/o contrast	-	01/01/2007	MRI
77059	MRI Breast w/ and/or w/o contrast, bilateral	-	01/01/2007	MRI
77084	MRI Bone marrow blood supply	-	01/01/2007	MRI
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	-	01/01/2013	Nuclear Med
78013	Thyroid imaging (including vascular flow, when performed);	-	01/01/2013	Nuclear Med

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	-	01/01/2013	Nuclear Med
78015	Thyroid met imaging	-	04/15/1999	Nuclear Med
78016	Thyroid met imaging with additional studies	-	04/15/1999	Nuclear Med
78018	Thyroid scan whole body	-	04/15/1999	Nuclear Med
78020	Thyroid carcinoma metastases uptake	-	04/15/1999	Nuclear Med
78070	Parathyroid planar imaging (including subtraction, when performed);	-	04/15/1999	Nuclear Med
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	-	01/01/2013	Nuclear Med
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	-	01/01/2013	Nuclear Med
78075	Adrenal nuclear imaging	-	04/15/1999	Nuclear Med
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	-	04/15/1999	Nuclear Med
78102	Bone marrow imaging, limited	-	04/15/1999	Nuclear Med
78103	Bone marrow imaging, multiple	-	04/15/1999	Nuclear Med
78104	Bone marrow imaging, whole body	-	04/15/1999	Nuclear Med
78185	Spleen imaging w & w/o vascular flow	-	04/15/1999	Nuclear Med
78195	Lymph system imaging	-	04/15/1999	Nuclear Med
78199	Unlisted hematopoietic diagnostic nuclear medicine	-	04/15/1999	Nuclear Med
78201	Liver imaging	-	04/15/1999	Nuclear Med
78202	Liver imaging with flow	-	04/15/1999	Nuclear Med
78205	Liver imaging spect (3D)	-	04/15/1999	Nuclear Med
78206	Liver imaging spect w/ vascular flow	-	04/15/1999	Nuclear Med
78215	Liver & spleen imaging	-	04/15/1999	Nuclear Med
78216	Liver & spleen imaging with flow	-	04/15/1999	Nuclear Med
78226	Hepatobiliary system imaging, including gallbladder when present;	-	01/01/2012	Nuclear Med
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	-	01/01/2012	Nuclear Med
78230	Salivary gland imaging	-	04/15/1999	Nuclear Med
78231	Serial salivary gland	-	04/15/1999	Nuclear Med
78232	Salivary gland function exam	-	04/15/1999	Nuclear Med
78258	Esophagus motility study	-	04/15/1999	Nuclear Med
78261	Gastric mucosa imaging	-	04/15/1999	Nuclear Med
78262	Gastroesophageal reflux exam	-	04/15/1999	Nuclear Med

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
78264	Gastric emptying imaging study (e.g., solid, liquid, or both);	-	04/15/1999	Nuclear Med
78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit	-	01/01/2016	Nuclear Med
78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days	-	01/01/2016	Nuclear Med
78278	GI Bleeder scan	-	04/15/1999	Nuclear Med
78282	GI Protein exam	-	04/15/1999	Nuclear Med
78290	Meckel's diverticulum imaging	-	04/15/1999	Nuclear Med
78291	Leveen shunt patency exam	-	04/15/1999	Nuclear Med
78299	Unlisted gastrointestinal procedure	-	05/06/2002	Nuclear Med
78300	Bone or joint imaging ltd	-	04/15/1999	Nuclear Med
78305	Bone or joint imaging multiple	-	04/15/1999	Nuclear Med
78306	Bone scan whole body	-	04/15/1999	Nuclear Med
78315	Bone scan 3 phase study	-	04/15/1999	Nuclear Med
78320	Bone joint imaging tomo test	-	04/15/1999	Nuclear Med
78399	Unlisted musculoskeletal procedure	-	04/15/1999	Nuclear Med
78414	Non-imaging heart function	-	04/15/1999	Nuclear Med
78428*	Cardiac shunt imaging	-	04/15/1999	Nuclear Med
78445	Radionuclide venogram non-cardiac	-	04/15/1999	Nuclear Med
78456	Acute venous thrombosis imaging, peptide	-	06/01/2003	Nuclear Med
78457	Venous thrombosis imaging unilateral	-	04/15/1999	Nuclear Med
78458	Venous thrombosis images, bilateral	-	04/15/1999	Nuclear Med
78466*	Myocardial infarction scan	-	04/15/1999	Nuclear Med
78468*	Heart infarct image EF	-	04/15/1999	Nuclear Med
78469*	Heart infarct image 3-D	-	04/15/1999	Nuclear Med
78472*	Gated heart, resting	-	04/15/1999	Nuclear Med
78473*	Cardiac blood pool muga scan	-	04/15/1999	Nuclear Med
78481*	Heart first pass single	-	04/15/1999	Nuclear Med
78483*	Cardiac blood pool imaging-multiple	-	04/15/1999	Nuclear Med
78494*	Cardiac blood pool imaging, spect	-	04/15/1999	Nuclear Med
78496*	Cardiac Blood Pool Imaging - Single study @ rest (Use with 78472)	-	04/15/1999	Nuclear Med
78499	Unlisted cardiovascular nuclear exam	-	04/15/1999	Nuclear Med
78579	Pulmonary ventilation imaging (e.g., aerosol or gas)	-	01/01/2012	Nuclear Med
78580	Pulmonary perfusion imaging	-	04/15/1999	Nuclear Med
78582	Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging	-	01/01/2012	Nuclear Med
78597	Quantitative differential pulmonary perfusion, including imaging when performed	-	01/01/2012	Nuclear Med
78598	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed	-	01/01/2012	Nuclear Med
78599	Unlisted respiratory nuclear exam	-	04/15/1999	Nuclear Med

CPT Code	Procedure Description	Requires Clinical Notes Prior to Pre-Certification Effective (Excluding PA):	Effective for Claims with Dates of Service:	Type
78600	Brain imaging, less than 4 static views	-	04/15/1999	Nuclear Med
78601	Brain imaging and flow, less than 4 static views	-	04/15/1999	Nuclear Med
78605	Brain imaging, minimum 4 static views	-	04/15/1999	Nuclear Med
78606	Brain imaging and flow, minimum 4 static views	-	04/15/1999	Nuclear Med
78607	Brain imaging 3-D	-	04/15/1999	Nuclear Med
78608	Brain imaging, positron emission tomography (PET) metabolic evaluation	12/01/2001	04/15/1999	PET Scan
78609	Brain imaging, positron emission tomography (PET) metabolic evaluation, perfusion evaluation	12/01/2001	04/15/1999	PET Scan
78610	Brain flow imaging only	-	04/15/1999	Nuclear Med
78630	Cisternogram (cerebrospinal fluid flow)	-	04/15/1999	Nuclear Med
78635	Cerebrospinal ventriculography	-	04/15/1999	Nuclear Med
78645	CSF Shunt evaluation	-	04/15/1999	Nuclear Med
78647	Cerebrospinal fluid scan	-	04/15/1999	Nuclear Med
78650	CSF Leakage detection and localization	-	04/15/1999	Nuclear Med
78660	Radiopharmaceutical dacryocystography	-	04/15/1999	Nuclear Med
78699	Unlisted diagnostic nuclear med procedure	-	04/15/1999	Nuclear Med
78700	Kidney imaging (static)	-	04/15/1999	Nuclear Med
78701	Kidney imaging w/ vascular flow	-	04/15/1999	Nuclear Med
78707	Kidney imaging w/ vascular flow & function single study w/o pharm. intervention	-	04/15/1999	Nuclear Med
78708	Kidney imaging single study w/ pharm. intervention	-	04/15/1999	Nuclear Med
78709	Kidney imaging- multiple studies w & w/o pharm. intervention	-	04/15/1999	Nuclear Med
78710	Kidney imaging - tomographic (spect)	-	04/15/1999	Nuclear Med
78725	Kidney function study - non-imaging radioisotopic	-	04/15/1999	Nuclear Med
78730	Urinary bladder residual study	-	04/15/1999	Nuclear Med
78740	Ureteral reflux study	-	04/15/1999	Nuclear Med
78761	Testicular imaging w/ vascular flow	-	04/15/1999	Nuclear Med
78799	Unlisted genitourinary procedure	-	04/15/1999	Nuclear Med
78800	Radiopharm localization of tumor or distribution of radiopharm agent(s), limited area	-	04/15/1999	Nuclear Med
78801	Radiopharm localization of tumor, multiple areas	-	04/15/1999	Nuclear Med
78802	Radiopharm localization of tumor, whole body, single day imaging	-	04/15/1999	Nuclear Med
78803	Radiopharm localization of tumor tomographic(spect)	-	04/15/1999	Nuclear Med
78804	Radiopharm localization of tumor or distribution of radiopharm agent(s); whole body, requiring two or more days imaging	-	04/01/2004	Nuclear Med
78805	Radiopharm localization of abscess, limited area	-	04/15/1999	Nuclear Med
78806	Radiopharm localization of abscess, whole body	-	04/15/1999	Nuclear Med

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78807	Radiopharm localization of abscess, tomographic spect	-	04/15/1999	PET Scan
78811	PET imaging; limited area (e.g., chest, head/neck)	01/01/2005	01/01/2005	PET Scan
78812	PET imaging; skull base to mid-thigh	01/01/2005	01/01/2005	PET Scan
78813	PET imaging; whole body	01/01/2005	01/01/2005	PET Scan
78814	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	01/01/2005	01/01/2005	PET Scan
78815	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	01/01/2005	01/01/2005	PET Scan
78816	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	01/01/2005	01/01/2005	PET Scan
78999	Unlisted misc. procedure	-	04/15/1999	Nuclear Med
G0235	PET imaging, any site, not otherwise specified	-	04/01/2009	PET Scans
G0252	PET, full and partial ring PET Scanners only for initial diagnosis of breast cancer and/or surgical planning for breast cancer	06/01/2003	06/01/2003	PET Scans
G0297	Low dose CT scan (LDCT) for lung cancer screening		01/01/2016	CT Scan
S8037	Magnetic resonance cholangiopancreatography (MRCP)	-	04/01/2009	MRI
S8042	Magnetic resonance imaging (MRI), low-field	-	04/01/2009	MRI
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	-	04/01/2009	Nuclear Med
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	-	04/01/2009	PET Scans

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## ATTACHMENTS

### Oxford Radiology Prior Notification/Authorization Crosswalk Table



Radiology Prior Notif/  
Auth Crosswalk

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
06/01/2018	<ul style="list-style-type: none"> <li>Reformatted and revised the <i>Oxford Radiology Prior Notification/Authorization Crosswalk Table</i>: <ul style="list-style-type: none"> <li>Transferred content to embedded Excel file format</li> <li>Added language to indicate precertification given with CPT code 74177 will be allowed for claims submitted with CPT codes 72194 and 74170</li> </ul> </li> <li>Archived previous policy version RADIOLOGY 037.19 T2</li> </ul>