

Medical Coverage Policy | Prior Authorization of High-tech Radiology Imaging



EFFECTIVE DATE: 10|01|2019
POLICY LAST UPDATED: 08|06|2019

OVERVIEW

This policy documents the high-tech radiology imaging services in which pre-authorization is required by the Blue Cross Blue Shield of RI (BCBSRI), Radiology Management program vendor for BlueCHiP for Medicare and Commercial Products.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products

Clinical guidelines for approval of the tests listed below are found on the Radiology Management Program vendor's website.

PRIOR AUTHORIZATION

Prior authorization is required;
Contact BCBSRI Radiology Management vendor at 888-233-8158

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Pre-authorization through the BCBSRI Radiology Management Program vendor applies to the following high tech radiology services that are listed in the coding section of this policy

NOTE: This authorization requirement does not apply to services rendered in an emergency room, observation or inpatient setting.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable Diagnostic Imaging services.

BACKGROUND

For BCBSRI Participating Providers

High-tech radiology imaging requires that the physician who orders the high-tech radiology must initiate and complete the authorization with the BCBSRI Radiology Management Program vendor. The ordering physician must maintain all documentation to support the clinical appropriateness of the study that is ordered and will complete the authorization accurately. Clinical guidelines used to approve these tests are located on the Radiology Management Program vendor's website along with a listing of services that require preauthorization.

Effective January 1, 2011, imaging facilities/hospitals are not allowed to obtain clinical authorization on behalf of the ordering physician. In no circumstance, unless expressly agreed to by BCBSRI in writing, will a physician use a representative of an imaging facility/hospital or anyone with a relationship to an imaging facility/hospital, to facilitate any portion of the authorization process with the Radiology Management Program vendor, including any element of the preparation of necessary documentation of clinical appropriateness. If an imaging facility/hospital is found to be supporting, without BCBSRI express written agreement, any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a

facility/hospital provides a high-tech radiology service that has not been authorized, the service will be denied as the financial liability of the radiology facility/hospital and may not be billed to the member.

CODING: The following codes require Prior authorization for BlueCHiP for Medicare and commercial products;

Contact BCBSRI Radiology Management vendor at 888-233-8158

Code	Description
70336	MRI Temporomandibular joint(s), TMJ
70450	CT HEAD or Brain; without contrast material
70460	CT HEAD or Brain; with contrast material(s)
70470	CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections
70480	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material
70481	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)
70482	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections
70486	CT SINUS, Maxillofacial Area; without contrast material
70487	CT SINUS, Maxillofacial Area; with contrast material(s)
70488	CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections
70490	CT NECK Soft Tissue; without contrast material
70491	CT NECK Soft Tissue; with contrast material(s)
70492	CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections
70496	CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing
70498	CTA NECK, without contrast, followed by contrast and further sections, including image post-processing
70540	MRI Orbit, Face, and Neck without contrast
70542	MRI Orbit, Face, and Neck; with contrast material(s)
70543	MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	MRA Head; without contrast material(s)
70545	MRA Head; with contrast material(s)
70546	MRA Head; without contrast material(s), followed by contrast material(s) and further sequences
70547	MRA Neck; without contrast material(s)
70548	MRA Neck; with contrast material(s)
70549	MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	MRI BRAIN (head); without contrast material

70552	MRI BRAIN (head); with contrast material(s)
70553	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences
70554	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
71250	CT CHEST (thorax); without contrast material
71260	CT CHEST (thorax); with contrast material(s)
71270	CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections
71275	CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
71550	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast
71551	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	MRA CHEST (excluding myocardium), with or without contrast material(s)
72125	CT Cervical Spine; without contrast material
72126	CT Cervical Spine; with contrast material
72127	CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections
72128	CT Thoracic Spine; without contrast material
72129	CT Thoracic Spine; with contrast material
72130	CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections
72131	CT Lumbar Spine; without contrast material
72132	CT Lumbar Spine; with contrast material
72133	CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections
72141	MRI Cervical Spine, (spinal canal and contents); without contrast material
72142	MRI Cervical Spine, (spinal canal and contents); with contrast material(s)
72146	MRI Thoracic Spine, (spinal canal and contents); without contrast material
72147	MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)
72148	MRI Lumbar Spine, (spinal canal and contents); without contrast material
72149	MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)
72156	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences
72157	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences

72158	MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences
72159	MRA Spinal Canal and contents, with or without contrast material(s)
72191	CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72192	CT PELVIS; without contrast material
72193	CT PELVIS; with contrast material(s)
72194	CT PELVIS; without contrast material, followed by contrast material(s) and further sections
72195	MRI PELVIS; without contrast material(s)
72196	MRI PELVIS; with contrast material(s)
72197	MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences
72198	MRA PELVIS, with or without contrast material(s)
73200	CT Upper Extremity; without contrast material
73201	CT Upper Extremity; with contrast material(s)
73202	CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections
73206	CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73218	MRI Upper Extremity, other than joint; without contrast material(s)
73219	MRI Upper Extremity, other than joint; with contrast material(s)
73220	MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	MRI Upper Extremity, any joint; without contrast material(s)
73222	MRI Upper Extremity, any joint; with contrast material(s)
73223	MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences
73225	MRA Upper Extremity, with or without contrast material(s)
73700	CT Lower Extremity; without contrast material
73701	CT Lower Extremity; with contrast material(s)
73702	CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections
73706	CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73718	MRI Lower Extremity, other than joint; without contrast material(s)
73719	MRI Lower Extremity, other than joint; with contrast material(s)
73720	MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	MRI Lower Extremity, any joint; without contrast material(s)
73722	MRI Lower Extremity, any joint; with contrast material(s)
73723	MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences
73725	MRA Lower Extremity, with or without contrast material(s)

74150	CT ABDOMEN; without contrast material
74160	CT ABDOMEN; with contrast material(s)
74170	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections
74174	CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed
74175	CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74176	Computed tomography; abdomen and pelvis; without contrast material
74177	Computed tomography; abdomen and pelvis; with contrast material(s)
74178	Computed tomography; abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
74181	MRI ABDOMEN; without contrast material(s)
74182	MRI ABDOMEN; with contrast material(s)
74183	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences
74185	MRA ABDOMEN, with or without contrast material(s)
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
75635	CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
76376	3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
76377	3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
76380	CT Limited or Localized Follow-up study
76390	MR Spectroscopy (MRS)
76391	Magnetic resonance (eg, vibration) elastography (Effective 1/1/2019)
76497	Unlisted CT procedure (eg, diagnostic, interventional)
76498	Unlisted MR procedure (eg, diagnostic, interventional)

76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion (Effective 1/1/2019)
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) (Effective 1/1/2019)
77011	CT Guidance for stereotactic localization
77012	CT Guidance for needle placement (eg, biopsy, aspiration, injection), radiological supervision and interpretation
77021	MR guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77046	Magnetic resonance imaging, breast, without contrast material; unilateral (Effective 1/1/2019)
77047	Magnetic resonance imaging, breast, without contrast material; bilateral (Effective 1/1/2019)
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral (Effective 1/1/2019)
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral (Effective 1/1/2019)
77058	MRI BREAST UNILATERAL, without and/or with contrast material(s)
77059	MRI BREAST BILATERAL, without and/or with contrast material(s)
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)
77084	MRI Bone Marrow Blood Supply
78013	Thyroid imaging (including vascular flow, when performed);
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	Thyroid carcinoma metastases imaging; whole body
78070	Parathyroid planar imaging (including subtraction, when performed);
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
78075	Adrenal imaging, cortex and/or medulla
78102	Bone marrow imaging; limited area

78103	Bone marrow imaging; multiple areas
78140	labeled red cell sequestration, diff organ/tissue
78185	Spleen imaging only, with or without vascular flow
78608	PET BRAIN; metabolic evaluation
78609	PET BRAIN; perfusion evaluation
78811	PET Tumor Imaging, limited area (eg, chest, head/neck)
78812	PET Tumor Imaging; skull base to mid-thigh
78813	PET Tumor Imaging; whole body
78814	PET/CT Tumor Imaging, (concurrently acquired CT for attenuation correction and anatomical localization); limited area
78815	PET/CT Tumor imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh
78816	PET/CT Tumor Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body
G0297	Low dose ct scan (ldct) for lung cancer screening
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed.
S8037	MRCP (Magnetic Resonance Cholangiopancreatography)
S8042	MRI Low-Field
S8092	CT ELECTRON BEAM (also known as Ultrafast CT, Cine CT)

RELATED POLICIES

None

PUBLISHED

Provider Update, October 2019

Provider Update, February 2019

Provider Update, March 2018

Provider Update, April 2017

Provider Update, July 2016

Provider Update, August 2015

REFERENCES:

None

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