

## 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

|              |   |
|--------------|---|
| <b>76376</b> | 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 |
| <b>76377</b> | 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     |
| <b>77046</b> | Magnetic resonance imaging, breast, without contrast material; unilateral   |
| <b>77047</b> | Magnetic resonance imaging, breast, without contrast material; bilateral  |
| <b>77048</b> | 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   |
| <b>77049</b> | 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  |
| <b>70450</b> | Computed tomography, head or brain; without contrast material   |
| <b>70460</b> | Computed tomography, head or brain; with contrast material(s)   |
| <b>70470</b> | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections  |
| <b>70480</b> | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material   |
| <b>70481</b> | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)   |
| <b>70482</b> | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections  |
| <b>70486</b> | Computed tomography, maxillofacial area; without contrast material  |
| <b>70487</b> | Computed tomography, maxillofacial area; with contrast material(s)  |
| <b>70488</b> | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections   |
| <b>70490</b> | Computed tomography, soft tissue neck; without contrast material  |
| <b>70491</b> | Computed tomography, soft tissue neck; with contrast material(s)  |
| <b>70492</b> | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections  |
| <b>70496</b> | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing   |
| <b>70498</b> | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing   |
| <b>71250</b> | Computed tomography, thorax; without contrast material  |
| <b>71260</b> | Computed tomography, thorax; with contrast material(s)  |
| <b>71270</b> | Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections   |
| <b>71275</b> | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing  |
| <b>72125</b> | Computed tomography, cervical spine; without contrast material  |
| <b>72126</b> | Computed tomography, cervical spine; with contrast material   |
| <b>72127</b> | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections   |
| <b>72128</b> | Computed tomography, thoracic spine; without contrast material  |

|              |   |
|--------------|---|
| <b>72129</b> | Computed tomography, thoracic spine; with contrast material   |
| <b>72130</b> | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections   |
| <b>72131</b> | Computed tomography, lumbar spine; without contrast material  |
| <b>72132</b> | Computed tomography, lumbar spine; with contrast material   |
| <b>72133</b> | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections   |
| <b>72191</b> | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing   |
| <b>72192</b> | Computed tomography, pelvis; without contrast material  |
| <b>72193</b> | Computed tomography, pelvis; with contrast material(s)  |
| <b>72194</b> | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections   |
| <b>73200</b> | Computed tomography, upper extremity; without contrast material   |
| <b>73201</b> | Computed tomography, upper extremity; with contrast material(s)   |
| <b>73202</b> | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections  |
| <b>73206</b> | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing  |
| <b>73700</b> | Computed tomography, lower extremity; without contrast material   |
| <b>73701</b> | Computed tomography, lower extremity; with contrast material(s)   |
| <b>73702</b> | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections  |
| <b>73706</b> | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing  |
| <b>74150</b> | Computed tomography, abdomen; without contrast material   |
| <b>74160</b> | Computed tomography, abdomen; with contrast material(s)   |
| <b>74170</b> | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections  |
| <b>74174</b> | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing   |
| <b>74175</b> | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing  |
| <b>74176</b> | Computed tomography, abdomen and pelvis; without contrast material  |
| <b>74177</b> | Computed tomography, abdomen and pelvis; with contrast material(s)  |
| <b>74178</b> | 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   |
| <b>74261</b> | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material   |
| <b>74262</b> | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed   |
| <b>74263</b> | Computed tomographic (CT) colonography, screening, including image postprocessing   |
| <b>75571</b> | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium   |
| <b>75572</b> | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) |
| <b>75573</b> | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease   |
| <b>75574</b> | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing  |
| <b>75635</b> | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing                           |
| <b>76380</b> | Computed tomography, limited or localized follow-up study   |

|              |  |
|--------------|--|
| <b>76497</b> | Unlisted computed tomography procedure (eg, diagnostic, interventional)  |
| <b>77011</b> | Computed tomography guidance for stereotactic localization   |
| <b>77012</b> | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation  |
| <b>0042T</b> | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time |
| <b>G0297</b> | Low dose ct scan (ldct) for lung cancer screening  |
| <b>S8092</b> | Electron beam computed tomography (also known as ultrafast ct, cine ct)  |
| <b>70336</b> | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)  |
| <b>70540</b> | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)  |
| <b>70542</b> | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)   |
| <b>70543</b> | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences  |
| <b>70544</b> | Magnetic resonance angiography, head; without contrast material(s)   |
| <b>70545</b> | Magnetic resonance angiography, head; with contrast material(s)  |
| <b>70546</b> | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences   |
| <b>70547</b> | Magnetic resonance angiography, neck; without contrast material(s)   |
| <b>70548</b> | Magnetic resonance angiography, neck; with contrast material(s)  |
| <b>70549</b> | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences   |
| <b>70551</b> | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material   |
| <b>70552</b> | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)   |
| <b>70553</b> | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences   |
| <b>70554</b> | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration        |
| <b>70555</b> | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing  |
| <b>71550</b> | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)   |
| <b>71551</b> | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)  |
| <b>71552</b> | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences                       |
| <b>71555</b> | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)   |
| <b>72141</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material  |
| <b>72142</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)  |
| <b>72146</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material  |
| <b>72147</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)  |
| <b>72148</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material  |
| <b>72149</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)  |
| <b>72156</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical  |
| <b>72157</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic  |
| <b>72158</b> | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar  |
| <b>72159</b> | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)  |

|              |   |
|--------------|---|
| <b>72195</b> | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)   |
| <b>72196</b> | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)  |
| <b>72197</b> | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences   |
| <b>72198</b> | Magnetic resonance angiography, pelvis, with or without contrast material(s)  |
| <b>73218</b> | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)  |
| <b>73219</b> | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)   |
| <b>73220</b> | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences                                      |
| <b>73221</b> | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)   |
| <b>73222</b> | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)  |
| <b>73223</b> | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences   |
| <b>73225</b> | Magnetic resonance angiography, upper extremity, with or without contrast material(s)   |
| <b>73718</b> | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)   |
| <b>73719</b> | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)  |
| <b>73720</b> | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences                                       |
| <b>73721</b> | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material  |
| <b>73722</b> | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)  |
| <b>73723</b> | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences   |
| <b>73725</b> | Magnetic resonance angiography, lower extremity, with or without contrast material(s)   |
| <b>74181</b> | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)  |
| <b>74182</b> | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)   |
| <b>74183</b> | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences   |
| <b>74185</b> | Magnetic resonance angiography, abdomen, with or without contrast material(s)   |
| <b>74712</b> | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation   |
| <b>74713</b> | 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) |
| <b>75557</b> | Cardiac magnetic resonance imaging for morphology and function without contrast material;   |
| <b>75559</b> | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging   |
| <b>75561</b> | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;  |
| <b>75563</b> | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging                              |
| <b>75565</b> | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)  |
| <b>76390</b> | Magnetic resonance spectroscopy   |
| <b>76498</b> | Unlisted magnetic resonance procedure (eg, diagnostic, interventional)  |
| <b>77021</b> | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation              |
| <b>77022</b> | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation   |
| <b>77084</b> | Magnetic resonance (eg, proton) imaging, bone marrow blood supply   |
| <b>S8037</b> | Magnetic resonance cholangiopancreatography (mrCP)  |
| <b>S8042</b> | Magnetic resonance imaging (mri), low-field   |
| <b>76391</b> | Magnetic resonance (eg, vibration) elastography   |

|              |   |
|--------------|---|
| <b>78013</b> | Thyroid imaging (including vascular flow, when performed)   |
| <b>78014</b> | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) |
| <b>78015</b> | Thyroid Met Imaging   |
| <b>78016</b> | Thyroid Met Imaging With Additional Studies   |
| <b>78018</b> | Thyroid Scan Whole Body   |
| <b>78070</b> | Parathyroid planar imaging (including subtraction, when performed)  |
| <b>78071</b> | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)  |
| <b>78072</b> | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization                |
| <b>78075</b> | Adrenal Nuclear Imaging   |
| <b>78102</b> | Bone Marrow Imaging, Limited  |
| <b>78103</b> | Bone Marrow Imaging, Multiple   |
| <b>78140</b> | Labeled Red Cell Sequestration  |
| <b>78185</b> | Spleen Imaging With & Without Vascular Flow   |
| <b>78195</b> | Lymph System Imaging  |
| <b>78201</b> | Liver Imaging   |
| <b>78202</b> | Liver Imaging With Flow   |
| <b>78205</b> | Liver Imaging SPECT (3D)  |
| <b>78206</b> | Liver Imaging SPECT With Vasulcar Flow  |
| <b>78215</b> | Liver & Spleen Imaging  |
| <b>78216</b> | Liver & Spleen Imaging With Flow  |
| <b>78226</b> | Hepatobiliary system imaging, including gallbladder when present;   |
| <b>78230</b> | Salivary Gland Imaging  |
| <b>78231</b> | Serial Salivary Gland   |
| <b>78232</b> | Salivary Gland Function Exam  |
| <b>78258</b> | Esophogus Motility Study  |
| <b>78261</b> | Gastric Mucosa Imaging  |
| <b>78262</b> | Gastroesophageal Reflux Exam  |
| <b>78264</b> | Gastric Emptying Study  |
| <b>78265</b> | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit   |
| <b>78266</b> | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days  |
| <b>78278</b> | GI Bleeder Scan   |
| <b>78290</b> | Meckels Diverticulum Imaging  |
| <b>78291</b> | Leveen Shunt Patency Exam   |
| <b>78300</b> | Bone Or Joint Imaging Limited   |
| <b>78305</b> | Bone Or Joint Imaging Multiple  |
| <b>78306</b> | Bone Scan Whole Body  |
| <b>78315</b> | Bone Scan 3 Phase Study   |
| <b>78320</b> | Bone Joint Imaging Tomo Test SPECT  |
| <b>78457</b> | Venous Thrombosis Imaging Unilateral  |
| <b>78458</b> | Venous Thrombosis Images, Bilateral   |
| <b>78579</b> | Pulmonary ventilation imaging (eg, aerosol or gas)  |
| <b>78580</b> | Pulmonary perfusion imaging (eg, particulate)   |



|              |  |
|--------------|--|
| <b>78582</b> | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging   |
| <b>78597</b> | Quantitative differential pulmonary perfusion, including imaging when performed  |
| <b>78598</b> | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed   |
| <b>78600</b> | Brain Imaging Limited Static   |
| <b>78601</b> | Brain Limited Imaging And Flow   |
| <b>78605</b> | Brain Imaging Complete   |
| <b>78606</b> | Brain Imaging Complete With Flow   |
| <b>78607</b> | Brain Imaging 3D   |
| <b>78610</b> | Brain Flow Imaging Only  |
| <b>78630</b> | Cisternogram (Cerebrospinal Fluid Flow)  |
| <b>78635</b> | Cerebrospinal Ventriculography   |
| <b>78645</b> | CSF Shunt Evaluation   |
| <b>78647</b> | Cerebrospinal Fluid Scan (Tomographic) SPECT   |
| <b>78650</b> | C S F Leakage Detection And Localization   |
| <b>78660</b> | Radiopharmaceutical Dacryocystography  |
| <b>78700</b> | Kidney Imaging Morphology  |
| <b>78701</b> | Kidney Imaging With Vascular Flow  |
| <b>78707</b> | Kidney Imaging With Vascular Flow & Function Single Study Without Pharmacological Intervention   |
| <b>78708</b> | Kidney Imaging Single Study With Pharmacological Intervention  |
| <b>78709</b> | Kidney Imaging - Multiple Studies Without & With Pharmacological Intervention  |
| <b>78710</b> | Kidney Imaging - Tomographic (SPECT)   |
| <b>78725</b> | Kidney Function Study - Non-Imaging Radioisotopic  |
| <b>78730</b> | Urinary Bladder Residual Study   |
| <b>78740</b> | Ureteral Reflux Study  |
| <b>78761</b> | Testicular Imaging With Vascular Flow  |
| <b>78800</b> | Radiopharm Localization Of Tumor, Limited Area   |
| <b>78802</b> | Radiopharm Localization Of Tumor, Whole Body Single Day Study  |
| <b>78803</b> | Radiopharm Localization Of Tumor Tomographic (SPECT)   |
| <b>78804</b> | Radiopharm Localization Of Tumor, Whole Body Two or More Days  |
| <b>78805</b> | Radiopharm Localization Of Abscess, Limited Area   |
| <b>78806</b> | Radiopharm Localization Of Abscess, Whole Body   |
| <b>78807</b> | Radiopharm Localization Of Abscess, Tomographic SPECT  |
| <b>78459</b> | Myocardial imaging, positron emission tomography (PET), metabolic evaluation   |
| <b>78491</b> | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress  |
| <b>78492</b> | Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress  |
| <b>78608</b> | Brain imaging, positron emission tomography (PET); metabolic evaluation  |
| <b>78609</b> | Brain imaging, positron emission tomography (PET); perfusion evaluation  |
| <b>78811</b> | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)  |
| <b>78812</b> | Positron emission tomography (PET) imaging; skull base to mid-thigh  |
| <b>78813</b> | Positron emission tomography (PET) imaging; whole body   |
| <b>78814</b> | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) |
| <b>78815</b> | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh             |

|              |   |
|--------------|---|
| <b>78816</b> | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body                       |
| <b>G0219</b> | Pet imaging whole body; melanoma for non-covered indications  |
| <b>G0235</b> | PET Imaging, Any Site, Not Otherwise Specified  |
| <b>G0252</b> | Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) |

## 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

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

