

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

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

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

76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)
77011	Computed tomography guidance for stereotactic localization
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
0042T	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
G0297	Low dose ct scan (ldct) for lung cancer screening
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	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
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	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
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)

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

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 Met Imaging
78016	Thyroid Met Imaging With Additional Studies
78018	Thyroid Scan 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 Nuclear Imaging
78102	Bone Marrow Imaging, Limited
78103	Bone Marrow Imaging, Multiple
78140	Labeled Red Cell Sequestration
78185	Spleen Imaging With & Without Vascular Flow
78195	Lymph System Imaging
78201	Liver Imaging
78202	Liver Imaging With Flow
78205	Liver Imaging SPECT (3D)
78206	Liver Imaging SPECT With Vasulcar Flow
78215	Liver & Spleen Imaging
78216	Liver & Spleen Imaging With Flow
78226	Hepatobiliary system imaging, including gallbladder when present;
78230	Salivary Gland Imaging
78231	Serial Salivary Gland
78232	Salivary Gland Function Exam
78258	Esophogus Motility Study
78261	Gastric Mucosa Imaging
78262	Gastroesophageal Reflux Exam
78264	Gastric Emptying Study
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
78278	GI Bleeder Scan
78290	Meckels Diverticulum Imaging
78291	Leveen Shunt Patency Exam
78300	Bone Or Joint Imaging Limited
78305	Bone Or Joint Imaging Multiple
78306	Bone Scan Whole Body
78315	Bone Scan 3 Phase Study
78320	Bone Joint Imaging Tomo Test SPECT
78457	Venous Thrombosis Imaging Unilateral
78458	Venous Thrombosis Images, Bilateral
78579	Pulmonary ventilation imaging (eg, aerosol or gas)
78580	Pulmonary perfusion imaging (eg, particulate)

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

78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
G0219	Pet imaging whole body; melanoma for non-covered indications
G0235	PET Imaging, Any Site, Not Otherwise Specified
G0252	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.

