



**EFFECTIVE DATE:** 11|01|2011  
**POLICY LAST UPDATED:** 05|11|2016

## 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 for all BCBSRI products with a pre-authorization requirement:

- Computerized Tomography (CT)
- Computerized Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Magnetic Imaging Angiography (MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

**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 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 are covered when medical criteria is met for BlueCHiP for Medicare and Commercial products;

0042T	
70450	
70460	
70470	
70480	
70481	
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71250	

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73200	
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73202	
73700	
73701	
73702	

74150	
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74176	
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74261	
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74712	
74713	
75572	
75573	
75574	
76380	
76497	
77011	
S8092	CT ELECTRON BEAM (also known as Ultrafast CT, Cine CT)
S8032	Low-dose computed tomography for lung cancer screening
G0297	Low dose ct scan (ldct) for lung cancer screening
70496	

70498	
71275	
72191	
73206	
73706	
74174	
74175	
75635	
77012	
77021	
70544	
70545	
70546	
70547	
70548	
70549	
71555	
72159	
72198	
73225	

73725	
74185	
70336	
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74181	
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75557	
75559	
75561	
75563	
75565	
76390	
76498	
77058	
77059	
77084	
S8037	MRCP (Magnetic Resonance Cholangiopancreatography)
S8042	MRI Low-Field
78451	
78452	
78453	
78454	
78466	
78468	
78469	



78472	
78473	
78481	
78483	
78494	
78496	
78499	
78459	
78491	
78492	
78608	
78609	
78811	
78812	
78813	
78814	
78815	
78816	
G0219	PET imaging whole body; melanoma for non-covered indications
G0252	PET imaging, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes)

76376	
76377	
0398T	

The following code is covered for Commercial products when medical criteria is met;

75571	
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The following code is not covered for BlueCHiP for Medicare and covered when medical criteria is met for Commercial products; For BlueCHiP for Medicare, the evidence is inadequate to conclude that CT colonography is an appropriate colorectal cancer screening test under §1861(pp)(1) of the Social Security Act. CT colonography for colorectal cancer screening remains noncovered.

74263	
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The following code is Not Medically necessary for BlueCHiP for Medicare

75571	
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**RELATED POLICIES**

None

**PUBLISHED**

- Provider Update, July 2016
- Provider Update, August 2015
- Provider Update, November 2010

**REFERENCES:**

None

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

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