



EFFECTIVE DATE: 11|01|2011
POLICY LAST UPDATED: 06|02|2015

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	
70482	
70486	
70487	
70488	
70490	
70491	
70492	
71250	
71260	

71270	
72125	
72126	
72127	
72128	
72129	
72130	
72131	
72132	
72133	
72192	
72193	
72194	
73200	
73201	
73202	
73700	
73701	
73702	
74150	

74160	
74170	
74176	
74177	
74178	
74261	
74262	
74712	(effective 1/1/2016)
74713	(effective 1/1/2016)
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, (effective 1/1/2016)
70496	
70498	

71275	
72191	
73206	
73706	
74174	
74175	
75635	
77012	
77021	
70544	
70545	
70546	
70547	
70548	
70549	
71555	
72159	
72198	
73225	
73725	

74185	
70336	
70540	
70542	
70543	
70551	
70552	
70553	
70554	
70555	
71550	
71551	
71552	
72141	
72142	
72146	
72147	
72148	
72149	
72156	

72157	
72158	
72195	
72196	
72197	
73218	
73219	
73220	
73221	
73222	
73223	
73718	
73719	
73720	
73721	
73722	
73723	
74181	
74182	
74183	

75557	
75559	
75561	
75563	
75565	
76390	
76498	
77058	
77059	
77084	
S8037	
S8042	
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	(effective 1/1/2016)

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

75571	
-------	--

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	
-------	--

The following code is Not Medically necessary for BlueCHiP for Medicare

75571	
-------	--

RELATED POLICIES

None

PUBLISHED

Provider Update, August 2015
 Provider Update, November 2010

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.

