



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 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;

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70450	
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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	
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S8042	
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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	
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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, August 2015
 Provider Update, November 2010

REFERENCES:

None

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