

EFFECTIVE DATE: 01|01|2011
POLICY LAST UPDATED: XXXXXX

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 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**

0042T	Cerebral perfusion analysis using CT with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
70450	CT HEAD or Brain; without contrast material
70460	CT HEAD or Brain; with contrast material(s)
70470	CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections
70480	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material
70481	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)
70482	CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections
70486	CT SINUS, Maxillofacial Area; without contrast material
70487	CT SINUS, Maxillofacial Area; with contrast material(s)
70488	CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections
70490	CT NECK Soft Tissue; without contrast material
70491	CT NECK Soft Tissue; with contrast material(s)
70492	CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections
71250	CT CHEST (thorax); without contrast material
71260	CT CHEST (thorax); with contrast material(s)
71270	CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections
72125	CT Cervical Spine; without contrast material
72126	CT Cervical Spine; with contrast material

72127	CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections
72128	CT Thoracic Spine; without contrast material
72129	CT Thoracic Spine; with contrast material
72130	CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections
72131	CT Lumbar Spine; without contrast material
72132	CT Lumbar Spine; with contrast material
72133	CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections
72192	CT PELVIS; without contrast material
72193	CT PELVIS; with contrast material(s)
72194	CT PELVIS; without contrast material, followed by contrast material(s) and further sections
73200	CT Upper Extremity; without contrast material
73201	CT Upper Extremity; with contrast material(s)
73202	CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections
73700	CT Lower Extremity; without contrast material
73701	CT Lower Extremity; with contrast material(s)
73702	CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections
74150	CT ABDOMEN; without contrast material
74160	CT ABDOMEN; with contrast material(s)
74170	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections
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

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)
75572	CT, HEART, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	CT, HEART, with contrast, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures,
75574	CT, HEART, coronary arteries and bypass grafts (when present), with contrast, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
76380	CT Limited or Localized Follow-up study
76497	Unlisted CT procedure (eg, diagnostic, interventional)
77011	CT Guidance for stereotactic localization
S8092	CT ELECTRON BEAM (also known as Ultrafast CT, Cine CT)
G0297	Low dose ct scan (ldct) for lung cancer screening
70496	CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing
70498	CTA NECK, without contrast, followed by contrast and further sections, including image post-processing
71275	CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72191	CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73206	CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73706	CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74174	CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed
74175	CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing

75635	CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
77012	CT Guidance for needle placement (eg, biopsy, aspiration, injection), radiological supervision and interpretation
77021	MR guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
70544	MRA Head; without contrast material(s)
70545	MRA Head; with contrast material(s)
70546	MRA Head; without contrast material(s), followed by contrast material(s) and further sequences
70547	MRA Neck; without contrast material(s)
70548	MRA Neck; with contrast material(s)
70549	MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences
71555	MRA CHEST (excluding myocardium), with or without contrast material(s)
72159	MRA Spinal Canal and contents, with or without contrast material(s)
72198	MRA PELVIS, with or without contrast material(s)
73225	MRA Upper Extremity, with or without contrast material(s)
73725	MRA Lower Extremity, with or without contrast material(s)
74185	MRA ABDOMEN, with or without contrast material(s)
70336	MRI Temporomandibular joint(s), TMJ
70540	MRI Orbit, Face, and Neck without contrast
70542	MRI Orbit, Face, and Neck; with contrast material(s)
70543	MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	MRI BRAIN (head); without contrast material
70552	MRI BRAIN (head); with contrast material(s)
70553	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences
70554	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing

71550	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast
71551	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
72141	MRI Cervical Spine, (spinal canal and contents); without contrast material
72142	MRI Cervical Spine, (spinal canal and contents); with contrast material(s)
72146	MRI Thoracic Spine, (spinal canal and contents); without contrast material
72147	MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)
72148	MRI Lumbar Spine, (spinal canal and contents); without contrast material
72149	MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)
72156	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences
72157	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences
72158	MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences
72195	MRI PELVIS; without contrast material(s)
72196	MRI PELVIS; with contrast material(s)
72197	MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences
73218	MRI Upper Extremity, other than joint; without contrast material(s)
73219	MRI Upper Extremity, other than joint; with contrast material(s)
73220	MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	MRI Upper Extremity, any joint; without contrast material(s)
73222	MRI Upper Extremity, any joint; with contrast material(s)
73223	MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences
73718	MRI Lower Extremity, other than joint; without contrast material(s)
73719	MRI Lower Extremity, other than joint; with contrast material(s)
73720	MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	MRI Lower Extremity, any joint; without contrast material(s)

73722	MRI Lower Extremity, any joint; with contrast material(s)
73723	MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences
74181	MRI ABDOMEN; without contrast material(s)
74182	MRI ABDOMEN; with contrast material(s)
74183	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences
75557	Cardiac MRI for morphology and function without contrast material;
75559	Cardiac MRI for morphology and function without contrast material; with stress imaging
75561	Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;
75563	Cardiac MRI for morphology and function without contrast, followed by contrast 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	MR Spectroscopy (MRS)
76498	Unlisted MR procedure (eg, diagnostic, interventional)
77058	MRI BREAST UNILATERAL, without and/or with contrast material(s)
77059	MRI BREAST BILATERAL, without and/or with contrast material(s)
77084	MRI Bone Marrow Blood Supply
S8037	MRCP (Magnetic Resonance Cholangiopancreatography)
S8042	MRI Low-Field
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) a
78466	MPI (myocardial imaging), infarct avid, planar; qualitative or quantitative

78468	MPI (myocardial imaging), infarct avid, planar; with ejection fraction by first pass technique
78469	MPI (myocardial imaging), infarct avid, planar; tomographic SPECT with or without quantification
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress, w/wo add quantific
78481	Cardiac blood pool imaging, first pass technique; single study, at rest or w/ stress, wall motion study plus ejection fraction, w/wo quantific
78483	Cardiac blood pool imaging, first pass technique; multiple studies, at rest and w/ stress, wall motion study plus ejection fraction, w/wo quantific
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or w/o quantitat processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique
78499	DM-Unlisted cardiovascular procedure, diagnostic nuclear medicine
78459	PET CARDIAC, myocardial imaging, metabolic evaluation
78491	PET CARDIAC, myocardial imaging, perfusion; single study at rest or stress
78492	PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress
78608	PET BRAIN; metabolic evaluation
78609	PET BRAIN; perfusion evaluation
78811	PET Tumor Imaging, limited area (eg, chest, head/neck)
78812	PET Tumor Imaging; skull base to mid-thigh
78813	PET Tumor Imaging; whole body
78814	PET/CT Tumor Imaging, (concurrently acquired CT for attenuation correction and anatomical localization); limited area
78815	PET/CT Tumor imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh
78816	PET/CT Tumor Imaging, (concurrently acquired CT attenuation correction and anatomical localization); whole body
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	3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; 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; requiring image postprocessing on an independent workstation
NOTE	Effective 1/1/2018, The codes listed below in blue font require prior authorization from our radiology management vendor.
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed. (effective 1/1/2016)
78013	Thyroid imaging (including vascular flow, when performed); (prior authorization required effective 1/1/20/18)
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed), (prior authorization required effective 1/1/20/18)
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only), (prior authorization required effective 1/1/20/18)
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery), (prior authorization required effective 1/1/20/18)
78018	Thyroid carcinoma metastases imaging; whole body, (prior authorization required effective 1/1/20/18)
78070	Parathyroid planar imaging (including subtraction, when performed); (prior authorization required effective 1/1/20/18)
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), (prior authorization required effective 1/1/20/18)
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization, (prior authorization required effective 1/1/20/18)
78075	Adrenal imaging, cortex and/or medulla, (prior authorization required effective 1/1/20/18)
78102	Bone marrow imaging; limited area, (prior authorization required effective 1/1/20/18)
78103	Bone marrow imaging; multiple areas, (prior authorization required effective 1/1/20/18)
78140	labeled red cell sequestration, diff organ/tissue, (prior authorization required effective 1/1/20/18)
78185	Spleen imaging only, with or without vascular flow, (prior authorization required effective 1/1/20/18)
78195	Lymphatics & lymph glands imaging, (prior authorization required effective 1/1/20/18)
78201	Liver imaging static only, (prior authorization required effective 1/1/20/18)
78202	Liver imaging static only, (prior authorization required effective 1/1/20/18)
78205	Liver imaging, SPECT, (prior authorization required effective 1/1/20/18)

78206	Liver imaging w/vascular flow, (prior authorization required effective 1/1/20/18)
78215	Liver & spleen imaging, static only, (prior authorization required effective 1/1/20/18)
78216	Liver & spleen imaging /w/vascular flow, (prior authorization required effective 1/1/20/18)
78226	Hepatobiliary system imaging, including gallbladder when present
78230	Salivary gland imaging, (prior authorization required effective 1/1/20/18)
78231	Salivary gland imaging w/serial images, (prior authorization required effective 1/1/20/18)
78232	Salivary gland function study, (prior authorization required effective 1/1/20/18)
78258	Esophageal motility, (prior authorization required effective 1/1/20/18)
78261	Gastric mucosa imaging, (prior authorization required effective 1/1/20/18)
78262	Gastroesophageal reflux study, (prior authorization required effective 1/1/20/18)
78264	Gastric emptying imaging study, (prior authorization required effective 1/1/20/18)
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit, (prior authorization required effective 1/1/20/18)
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days, (prior authorization required effective 1/1/20/18)
78278	Acute gastrointestinal blood loss imaging, (prior authorization required effective 1/1/20/18)
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus), (prior authorization required effective 1/1/20/18)
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt), (prior authorization required effective 1/1/20/18)
78300	Bone and or joint imaging, limited area, (prior authorization required effective 1/1/20/18)
78305	Bone and/or joint imaging; multiple areas, (prior authorization required effective 1/1/20/18)
78306	Bone and/or joint imaging; whole body, (prior authorization required effective 1/1/20/18)
78315	Bone and/or joint imaging; 3 phase study, (prior authorization required effective 1/1/20/18)
78320	Bone and or joint imaging, tomographic SPECT, (prior authorization required effective 1/1/20/18)
78414	Determination of Central c-v hemodynamics, non imaging, eg ejection fraction w/probe technique w/or w/o pharmacologic intervention or exercise, single or multiple determinations, (prior authorization required effective 1/1/20/18)
78445	Non-cardiac vascular flow imaging (ie angiography,venography), (prior authorization required effective 1/1/20/18)
78457	Venous thrombosis imaging, venogram unilateral, (prior authorization required effective 1/1/20/18)

78458	Venous Thrombosis imaging, venogram B/L, (prior authorization required effective 1/1/20/18)
78579	Pulmonary ventilation imaging, (prior authorization required effective 1/1/20/18)
78580	Pulmonary perfusion imaging, (prior authorization required effective 1/1/20/18)
78582	Pulmonary ventilation and perfusion imaging, (prior authorization required effective 1/1/20/18)
78597	Quantitative differential pulmonary perfusion including imaging when performed , (prior authorization required effective 1/1/20/18)
78598	Quantitative differential pulmonary perfusion and ventilation, including imaging when performed, (prior authorization required effective 1/1/20/18)
78600	Brain imaging, less than 4 static views, (prior authorization required effective 1/1/20/18)
78601	Brain imaging, less than 4 static views; with vascular flow, (prior authorization required effective 1/1/20/18)
78605	Brain imaging, minimum 4 static views, (prior authorization required effective 1/1/20/18)
78606	Brain imaging, minimum 4 static views; with vascular flow, (prior authorization required effective 1/1/20/18)
78607	Brain Imaging, complete study; tomographic SPECT, (prior authorization required effective 1/1/20/18)
78610	Brain Imaging, vascular flow only, (prior authorization required effective 1/1/20/18)
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography, (prior authorization required effective 1/1/20/18)
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation, (prior authorization required effective 1/1/20/18)
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation, (prior authorization required effective 1/1/20/18)
78647	Cerebrospinal fluid flow, imaging (not including intro of material); tomographic (SPECT), (prior authorization required effective 1/1/20/18)
78650	Cerebrospinal fluid leakage detection and localization, (prior authorization required effective 1/1/20/18)
78660	Radiopharmaceutical dacryocystography, (prior authorization required effective 1/1/20/18)
78700	Kidney imaging morphology;, (prior authorization required effective 1/1/20/18)
78701	Kidney imaging with flow, (prior authorization required effective 1/1/20/18)
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention, (prior authorization required effective 1/1/20/18)

78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and or diuretic), (prior authorization required effective 1/1/20/18)
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic), (prior authorization required effective 1/1/20/18)
78710	Kidney imaging morphology; tomographic (SPECT), (prior authorization required effective 1/1/20/18)
78725	Kidney function study, non-imaging radioisotopic study, (prior authorization required effective 1/1/20/18)
78730	Urinary bladder residual study (List separately in addition to code for primary procedure), (prior authorization required effective 1/1/20/18)
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram), (prior authorization required effective 1/1/20/18)
78761	Testicular imaging with vascular flow, (prior authorization required effective 1/1/20/18)
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area, (prior authorization required effective 1/1/20/18)
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging, (prior authorization required effective 1/1/20/18)
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT), (prior authorization required effective 1/1/20/18)
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging, (prior authorization required effective 1/1/20/18)
78805	Radiopharmaceutical localization of inflammatory process; limited area, (prior authorization required effective 1/1/20/18)
78806	Radiopharmaceutical localization of inflammatory process; whole body, (prior authorization required effective 1/1/20/18)
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT), (prior authorization required effective 1/1/20/18)
G0235	PET imaging, any site, not otherwise specified, (prior authorization required effective 1/1/20/18)

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

75571	CT, HEART, without contrast with quantitative evaluation of coronary calcium
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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	Computed tomographic (CT) colonography, screening, including image postprocessing
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The following code is Not Medically necessary for BlueCHiP for Medicare

75571	CT, HEART, without contrast with quantitative evaluation of coronary calcium
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RELATED POLICIES

None

PUBLISHED

[Provider Update, October 2017](#)

[Provider Update, April 2017](#)

[Provider Update, July 2016](#)

[Provider Update, August 2015](#)

[Provider Update, November 2010](#)

REFERENCES:

None

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