

BENEFIT COVERAGE POLICY

Title: BCP-39 Outpatient High Tech Radiology and Nuclear Medicine

Effective Date: 01/01/2024



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

This benefit coverage policy applies to the following high-tech radiology imaging studies for all Health Plan products:

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

Refer to the member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

High-tech imaging services are performed in a hospital-based imaging department or free-standing imaging facility. Age-related risks and certain high-risk medical conditions may necessitate the need for an anesthesiologist to be present during advanced radiologic imaging procedures for some individuals. Risks include:

- Age-related risks apply to neonates, premature infants and elderly patients.
- Health related risks include, but are not limited to:

- Need for intensive or critical care.
- Impaired respiratory functions (e.g., tonsillar hypertrophy, sleep apnea).
- Changes in level of sedation, muscle relaxation, or ventilation.
- Hemodynamic instability and vasoactive infusion requirements.
- Comorbidities that may contribute to adverse MRI effects (e.g., burns or temperature increases in obese patients or those with peripheral vascular disease).
- Foreign bodies located in or on the patient:
 - Non-medical ferromagnetic items embedded in the patient (e.g., eyeliner tattoos, metallic intraocular fragments) or attached to the patient (e.g., pierced jewelry, magnetic dental work).
 - Implanted medical ferromagnetic items (e.g., aneurysm clips, prosthetic heart valves, or coronary arterial stents).

The American College of Radiology (ACR) Practice Parameter for the Use of Intravascular Contrast Media (2022) states that appropriate emergency equipment and medications must be immediately available to treat adverse events related to contrast media administration, including equipment, medications, and other emergency support appropriate for the range of ages and/or sizes in the patient population.

3.0 Clinical Determination Guidelines:

Use InterQual® Review for clinical criteria review.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001269; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO Group L0002184; 9 = ASO group L0002237, 10 = L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70450	Computed tomography, head or brain; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70460	Computed tomography, head or brain; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			fees for medical and surgical services
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70486	Computed tomography, maxillofacial area; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70487	Computed tomography, maxillofacial area; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70490	Computed tomography, soft tissue neck; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70491	Computed tomography, soft tissue neck; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70544	Magnetic resonance angiography, head; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70545	Magnetic resonance angiography, head; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70547	Magnetic resonance angiography, neck; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70548	Magnetic resonance angiography, neck; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without	N	Outpatient high tech radiology and nuclear

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	contrast material		medicine; professional fees for medical and surgical services
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70554	Magnetic resonance imaging, brain, functional M RI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71250	Computed tomography, thorax; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71260	Computed tomography, thorax; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			surgical services
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	N	Preventive health services
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72125	Computed tomography, cervical spine; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72126	Computed tomography, cervical spine; with contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72128	Computed tomography, thoracic spine; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			fees for medical and surgical services
72129	Computed tomography, thoracic spine; with contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72131	Computed tomography, lumbar spine; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72132	Computed tomography, lumbar spine; with contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72192	Computed tomography, pelvis; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72193	Computed tomography, pelvis; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	N	Outpatient high tech radiology and nuclear

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			medicine; professional fees for medical and surgical services
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73200	Computed tomography, upper extremity; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73201	Computed tomography, upper extremity; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			surgical services
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73700	Computed tomography, lower extremity; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73701	Computed tomography, lower extremity; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73721	Magnetic resonance (eg, proton) imaging,	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	any joint of lower extremity; without contrast material		radiology and nuclear medicine; professional fees for medical and surgical services
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74150	Computed tomography, abdomen; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74160	Computed tomography, abdomen; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s); including non contrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74176	Computed tomography, abdomen and pelvis; without contrast material	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
74712	Magnetic resonance (eg. Proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
75580	Analysis of data from CT study of heart blood vessels to assess severity of heart artery disease, with interpretation and report	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
76380	Computed tomography, limited or localized follow-up study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
76390	Magnetic resonance spectroscopy	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
76391	Magnetic resonance (eg, vibration) elastography	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77011	Computed tomography guidance for stereotactic localization	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77013	Computerized tomography guidance for,	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	and monitoring of, parenchymal tissue ablation		radiology and nuclear medicine; professional fees for medical and surgical services
77014	Computed tomography guidance for placement of radiation therapy fields	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77084	Magnetic resonance (e.g. proton) imaging, bone marrow blood supply	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
77085	Magnetic resonance (e.g. proton) imaging,	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment		radiology and nuclear medicine; professional fees for medical and surgical services
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78013	Thyroid imaging (including vascular flow, when performed);	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78014	... with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78018	Thyroid carcinoma metastases imaging; whole body	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78070	Parathyroid planar imaging (including subtraction, when performed);	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently	N	Outpatient high tech radiology and nuclear medicine; professional

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	acquired computed tomography (CT) for anatomical localization		fees for medical and surgical services
78075	Adrenal imaging, cortex and/or medulla	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78102	Bone marrow imaging; limited area	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78103	Bone marrow imaging; multiple areas	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78104	Bone marrow imaging; whole body	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78120	Red cell volume determination (separate procedure); single sampling	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78121	Red cell volume determination (separate procedure); multiple samplings	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78130	Red cell survival study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78185	Spleen imaging only, with or without vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78191	Platelet survival study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78195	Lymphatics and lymph nodes imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78201	Liver imaging; static only	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78202	Liver imaging; with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78215	Liver and spleen imaging; static only	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78216	Liver and spleen imaging; with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78226	Hepatobiliary system imaging, including gall bladder when present	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78227	Hepatobiliary system imaging, with pharmacologic intervention, including quantitative measurement when performed	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78230	Salivary gland imaging;	N	Outpatient high tech radiology and nuclear

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			medicine; professional fees for medical and surgical services
78231	Salivary gland imaging; with serial images	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78232	Salivary gland function study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78258	Esophagus motility study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78261	Gastric mucosa imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78262	Gastroesophageal reflux exam	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78264	Gastric emptying study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78278	Acute gastrointestinal blood loss imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78282	Gastrointestinal protein loss	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			surgical services
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckels localization, volvulus)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78291	Peritoneal-venous shunt patency test (eg, Leveen, Denver shunt)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78300	Bone and/or joint imaging; limited area	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78305	Bone and/or joint imaging; multiple areas	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78306	Bone and/or joint imaging; whole body	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78315	Bone and/or joint imaging; three phase study	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78428	Cardiac shunt detection	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78429	Myocardial imaging, positron emission	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan		radiology and nuclear medicine; professional fees for medical and surgical services
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
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 (exercise or pharmacologic)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
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 stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78453	Myocardial perfusion imaging, (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)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78454	Myocardial perfusion imaging, (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) and/or redistribution and/or rest reinjection	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78456	Acute venous thrombosis imaging, peptide	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78457	Venous thrombosis imaging, venogram; unilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78458	Venous thrombosis imaging, venogram; bilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78468	Myocardial imaging, infarct avid, planar; with ejection fraction, first pass technique	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78469	Myocardial imaging, infarct avid, planar;	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	tomographic SPECT with or without quantification		radiology and nuclear medicine; professional fees for medical and surgical services
78472	Cardiac blood pool imaging, gated equilibrium; single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	Y	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78580	Pulmonary perfusion imaging (eg, particulate)	N	Outpatient high tech radiology and nuclear

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			medicine; professional fees for medical and surgical services
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78597	Quantitative differential pulmonary perfusion, including imaging when performed	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78600	Brain imaging, less than 4 static views;	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78601	Brain imaging, less than 4 static views; with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78605	Brain imaging, minimum 4 static views;	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78606	Brain imaging, minimum 4 static views; with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78610	Brain imaging, vascular flow only	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			surgical services
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78650	Cerebrospinal fluid leakage detection and localization	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78660	Radiopharmaceutical dacryocystography	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78700	Kidney imaging morphology	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78701	Kidney imaging morphology with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78707	Kidney imaging morphology with vascular flow and function, single study without pharmacological intervention	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78708	Kidney imaging morphology with vascular flow and function, single study with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78709	Kidney imaging morphology with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78725	Kidney function study, non-imaging	N	Outpatient high tech

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	radiosotopic study		radiology and nuclear medicine; professional fees for medical and surgical services
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78761	Testicular imaging with vascular flow	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool maging, when performed); planar, single area (eg, head, Nneck, chest, pelvis), single day imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78813	Positron emission tomography (PET) imaging; whole body	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees,	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	Nabdomen and pelvis), single day imaging, or single area imaging over 2 or more days		
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79005	Radiopharmaceutical therapy, by oral administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79101	Radiopharmaceutical therapy, by intravenous administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79200	Radiopharmaceutical therapy, by intracavitary administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79440	Radiopharmaceutical therapy, by intra-articular administration	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	N	Outpatient high tech radiology and nuclear medicine; professional

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			fees for medical and surgical services
C8900	Magnetic resonance angiography with contrast, abdomen	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8901	Magnetic resonance angiography without contrast, abdomen	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8903	Magnetic resonance imaging with contrast, breast; unilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8906	Magnetic resonance imaging with contrast, breast; bilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
C8912	Magnaetic resonance angiography with contrast, lower extremity	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8913	Magnetic resonance angiography without contrast, lower extremity	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8918	Magnetic resonance angiography with contrast, pelvis	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8919	Magnetic resonance angiography without contrast, pelvis	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8931	Magnetic resonance agiography with contrast, spinal canal and contents	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8932	Magnetic resonance agiography without contrast, spinal canal and contents	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8934	Magnetic resonance agiography with contrast, upper extremity	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C8935	Magnetic resonance agiography without contrast, upper extremity	N	Outpatient high tech radiology and nuclear

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			medicine; professional fees for medical and surgical services
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
S8037	Magnetic resonance cholangiopancreatography (MRCP)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
S8042	Magnetic resonance imaging (MRI), low-field	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cline CT)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	N	Outpatient high tech radiology and nuclear medicine; professional fees for medical and surgical services

NON-COVERED CODES		
Code	Description	Benefit Plan Reason/Reference
0331T	Myocardial sympathetic innervation imaging, planar	Experimental/

NON-COVERED CODES		
Code	Description	Benefit Plan Reason/Reference
	qualitative and quantitative assessment;	investigational/ unproven
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Experimental/ investigational/ unproven
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Experimental/ investigational/ unproven
0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Experimental/ investigational/ unproven
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Experimental/ investigational/ unproven
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Experimental/ investigational/ unproven
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Experimental/ investigational/ unproven
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Experimental/ investigational/ unproven
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Experimental/ investigational/ unproven
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Experimental/ investigational/ unproven
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Experimental/ investigational/ unproven
G0219	PET imaging whole body; melanoma for non-covered indications	Not medically necessary
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)	Not medically necessary
S8080	Scintimammography (radioimmunosctigraphy of the breast), unilateral, including supply of radiopharmaceutical	Experimental/ investigational/ unproven

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Computed Tomography Scan (CT Scan)	A procedure that uses a computer linked to an x-ray machine to make a series of detailed pictures of areas inside the body. The pictures are taken from different angles and are used to create 3-dimensional (3-D) views of tissues and organs. A dye may be
------------------------------------	---

	<p>injected into a vein or swallowed to help the tissues and organs show up more clearly. A CAT scan may be used to help diagnose disease, plan treatment, or find out how well treatment is working. Also called computed tomography scan, computerized axial tomography scan, computerized tomography, and CT scan.</p>
<p>Computerized Tomography Angiography (CTA)</p>	<p>A procedure that uses x-rays to create a series of detailed pictures of the blood vessels and blood flow inside the body. The pictures are taken from different angles and are created by a computer linked to an x-ray machine. A dye is injected into a vein to make the blood vessels and blood flow easier to see on the x-ray. CTA may be used to check for aneurysms (a bulge in the blood vessel wall), blockages in the arteries, blood clots, and other blood vessel problems. Also called computed tomography angiography and CT angiography.</p>
<p>Magnetic Resonance Imaging (MRI)</p>	<p>A procedure in which radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the body. These pictures can show the difference between normal and diseased tissue. MRI makes better images of organs and soft tissue than other scanning techniques, such as computed tomography (CT) or x-ray. MRI is especially useful for imaging the brain, the spine, the soft tissue of joints, and the inside of bones. Also called magnetic resonance imaging, NMRI, and nuclear magnetic resonance imaging.</p>
<p>Magnetic Imaging Angiography (MRA)</p>	<p>A procedure that uses radio waves and a powerful magnet linked to a computer to create detailed pictures of the blood vessels and blood flow inside the body. A dye may be injected into a vein to make the blood vessels and blood flow easier to see. MRA may be used to check for aneurysms (a bulge in the blood vessel wall), blockages in the arteries, blood clots, and other blood vessel problems. Also called magnetic resonance angiography.</p>
<p>Nuclear Cardiology</p>	<p>A noninvasive method for studying cardiovascular disease by use of nuclear imaging techniques. These examinations are usually done while the individual is exercising. Coronary artery disease can be investigated as can damage to the myocardium following coronary infarction. The size and function of the ventricles can be evaluated using these techniques.</p>
<p>Positron Emission Tomography (PET)</p>	<p>A procedure in which a small amount of radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed, computerized pictures of areas inside the body where the glucose is taken up. Because cancer cells often take up more glucose than normal cells, the pictures can be used to find cancer cells in the body. Also called positron emission tomography scan.</p>

7.0 References, Citations & Resources:

American College of Radiology. Practice Parameters and Technical Standards. Accessed October 2023. Available at URL address: <https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards>

InterQual® 2023, Oct. 2023 Release, CP:Imaging Imaging, Cardiac, Stress

InterQual® 2023, Oct. 2023 Release, CP:Imaging Imaging, Abdomen and Pelvis

InterQual® 2023, Oct. 2023 Release, CP:Imaging Cardiac Imaging, Computed Tomography (CT) or Magnetic Resonance Imaging (MRI)
 InterQual® 2023, Oct. 2023 Release, CP:Imaging Positron Emission Tomography (PET), Whole Body

8.0 Associated Documents [For internal use only]:

- [MMP-02 Transition and Continuity of Care](#)
- [MMP-09 Benefit Determinations](#)
- [MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#)
- [MMS-45 UM Nurse Review](#)
- [MMS-52 Inpatient Case Process in CCA](#)
- [MMS-53 Outpatient Case Process in CCA](#)
- [UMP-02 Peer to Peer Conversations](#)

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter, Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

9.0 Revision History

Original Effective Date: 05/01/2017

Next Review Date: 01/01/2025

Revision Date	Reason for Revision
12/22	Annual Review, added ASO group L0002237 and L0002193, updated references. Changed codes 74621-74623 from Covered to PA (InterQual), moved 0501T-0504t from non-covered to covered section, PA code (InterQual), moved S8042 and S8085 from non-covered to covered section, listed as PA code (InterQual), S8080 moved from covered section to non-covered section=NC code. Added InterQual references
10/23	Annual review, Added InterQual to section 3.0, added full description to codes 78801-04, added new code 0742T to covered codes, updated codes S8042 and S8085 from PA to Covered, updated InterQual references in section 7.0, Updated associated documents in section 8.0. 12/26/23: Removed 0501T-0504T due to deleted codes as of 1/1/24; added 75580 to Covered section, this is a replacement code for 0501T-0504T