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
• Nuclear Medicine
• 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 BlueHiP for Medicare and commercial products; Contact BCBSRI Radiology Management vendor at 888-233-8158

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0042T</td>
<td>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</td>
</tr>
<tr>
<td>70450</td>
<td>CT HEAD or Brain; without contrast material</td>
</tr>
<tr>
<td>70460</td>
<td>CT HEAD or Brain; with contrast material(s)</td>
</tr>
<tr>
<td>70470</td>
<td>CT HEAD or Brain; without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70480</td>
<td>CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material</td>
</tr>
<tr>
<td>70481</td>
<td>CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; with contrast material(s)</td>
</tr>
<tr>
<td>70482</td>
<td>CT Orbit, Sella, or Posterior Fossa or Outer, Middle, or Inner Ear; without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70486</td>
<td>CT SINUS, Maxillofacial Area; without contrast material</td>
</tr>
<tr>
<td>70487</td>
<td>CT SINUS, Maxillofacial Area; with contrast material(s)</td>
</tr>
<tr>
<td>70488</td>
<td>CT SINUS, Maxillofacial Area; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>70490</td>
<td>CT NECK Soft Tissue; without contrast material</td>
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<tr>
<td>70491</td>
<td>CT NECK Soft Tissue; with contrast material(s)</td>
</tr>
<tr>
<td>70492</td>
<td>CT NECK Soft Tissue; without contrast followed by contrast material(s) and further sections</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>71250</td>
<td>CT CHEST (thorax); without contrast material</td>
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<tr>
<td>71260</td>
<td>CT CHEST (thorax); with contrast material(s)</td>
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<tr>
<td>71270</td>
<td>CT CHEST (thorax); without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>72125</td>
<td>CT Cervical Spine; without contrast material</td>
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<tr>
<td>72126</td>
<td>CT Cervical Spine; with contrast material</td>
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<tr>
<td>72127</td>
<td>CT Cervical Spine; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>72128</td>
<td>CT Thoracic Spine; without contrast material</td>
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<tr>
<td>72129</td>
<td>CT Thoracic Spine; with contrast material</td>
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<tr>
<td>72130</td>
<td>CT Thoracic Spine; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>72131</td>
<td>CT Lumbar Spine; without contrast material</td>
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<tr>
<td>72132</td>
<td>CT Lumbar Spine; with contrast material</td>
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<tr>
<td>72133</td>
<td>CT Lumbar Spine; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>72192</td>
<td>CT PELVIS; without contrast material</td>
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<tr>
<td>72193</td>
<td>CT PELVIS; with contrast material(s)</td>
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<tr>
<td>72194</td>
<td>CT PELVIS; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>73200</td>
<td>CT Upper Extremity; without contrast material</td>
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<tr>
<td>73201</td>
<td>CT Upper Extremity; with contrast material(s)</td>
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<tr>
<td>73202</td>
<td>CT Upper Extremity; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>73700</td>
<td>CT Lower Extremity; without contrast material</td>
</tr>
<tr>
<td>73701</td>
<td>CT Lower Extremity; with contrast material(s)</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>73702</td>
<td>CT Lower Extremity; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>74150</td>
<td>CT ABDOMEN; without contrast material</td>
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<tr>
<td>74160</td>
<td>CT ABDOMEN; with contrast material(s)</td>
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<tr>
<td>74170</td>
<td>CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections</td>
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<tr>
<td>74176</td>
<td>Computed tomography; abdomen and pelvis; without contrast material</td>
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<tr>
<td>74177</td>
<td>Computed tomography; abdomen and pelvis; with contrast material(s)</td>
</tr>
<tr>
<td>74178</td>
<td>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</td>
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<tr>
<td>74261</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material</td>
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<tr>
<td>74262</td>
<td>Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed</td>
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<tr>
<td>74712</td>
<td>Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation</td>
</tr>
<tr>
<td>74713</td>
<td>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)</td>
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<tr>
<td>75572</td>
<td>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)</td>
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<tr>
<td>75573</td>
<td>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,</td>
</tr>
<tr>
<td>75574</td>
<td>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)</td>
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<tr>
<td>76380</td>
<td>CT Limited or Localized Follow-up study</td>
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<tr>
<td>76497</td>
<td>Unlisted CT procedure (eg, diagnostic, interventional)</td>
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<td>Code</td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>77011</td>
<td>CT Guidance for stereotactic localization</td>
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<tr>
<td>77078</td>
<td>Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)</td>
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<tr>
<td>S8092</td>
<td>CT ELECTRON BEAM (also known as Ultrafast CT, Cine CT)</td>
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<tr>
<td>G0297</td>
<td>Low dose ct scan (ldct) for lung cancer screening</td>
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<tr>
<td>70496</td>
<td>CTA HEAD, without contrast, followed by contrast and further sections, including image post-processing</td>
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<tr>
<td>70498</td>
<td>CTA NECK, without contrast, followed by contrast and further sections, including image post-processing</td>
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<tr>
<td>71275</td>
<td>CTA CHEST; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</td>
</tr>
<tr>
<td>72191</td>
<td>CTA PELVIS, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</td>
</tr>
<tr>
<td>73206</td>
<td>CTA Upper Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</td>
</tr>
<tr>
<td>73706</td>
<td>CTA Lower Extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</td>
</tr>
<tr>
<td>74174</td>
<td>CTA ABDOMEN and PELVIS, with contrast, including non-contrast images, if performed</td>
</tr>
<tr>
<td>74175</td>
<td>CTA ABDOMEN, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing</td>
</tr>
<tr>
<td>75635</td>
<td>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</td>
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<tr>
<td>77012</td>
<td>CT Guidance for needle placement (eg, biopsy, aspiration, injection), radiological supervision and interpretation</td>
</tr>
<tr>
<td>77021</td>
<td>MR guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation</td>
</tr>
<tr>
<td>70544</td>
<td>MRA Head; without contrast material(s)</td>
</tr>
<tr>
<td>70545</td>
<td>MRA Head; with contrast material(s)</td>
</tr>
<tr>
<td>70546</td>
<td>MRA Head; without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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</tr>
<tr>
<td>70547</td>
<td>MRA Neck; without contrast material(s)</td>
</tr>
<tr>
<td>70548</td>
<td>MRA Neck; with contrast material(s)</td>
</tr>
<tr>
<td>70549</td>
<td>MRA Neck; without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>71555</td>
<td>MRA CHEST (excluding myocardium), with or without contrast material(s)</td>
</tr>
<tr>
<td>72159</td>
<td>MRA Spinal Canal and contents, with or without contrast material(s)</td>
</tr>
<tr>
<td>72198</td>
<td>MRA PELVIS, with or without contrast material(s)</td>
</tr>
<tr>
<td>73225</td>
<td>MRA Upper Extremity, with or without contrast material(s)</td>
</tr>
<tr>
<td>73725</td>
<td>MRA Lower Extremity, with or without contrast material(s)</td>
</tr>
<tr>
<td>734185</td>
<td>MRA ABDOMEN, with or without contrast material(s)</td>
</tr>
<tr>
<td>70336</td>
<td>MRI Temporomandibular joint(s), TMJ</td>
</tr>
<tr>
<td>70540</td>
<td>MRI Orbit, Face, and Neck without contrast</td>
</tr>
<tr>
<td>70542</td>
<td>MRI Orbit, Face, and Neck; with contrast material(s)</td>
</tr>
<tr>
<td>70543</td>
<td>MRI Orbit, Face, and Neck; without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70551</td>
<td>MRI BRAIN (head); without contrast material</td>
</tr>
<tr>
<td>70552</td>
<td>MRI BRAIN (head); with contrast material(s)</td>
</tr>
<tr>
<td>70553</td>
<td>MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70554</td>
<td>MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</td>
</tr>
<tr>
<td>70555</td>
<td>MRI Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing</td>
</tr>
<tr>
<td>71550</td>
<td>MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>--------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>71551</td>
<td>MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)</td>
</tr>
<tr>
<td>71552</td>
<td>MRI CHEST (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences</td>
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<tr>
<td>72141</td>
<td>MRI Cervical Spine, (spinal canal and contents); without contrast material</td>
</tr>
<tr>
<td>72142</td>
<td>MRI Cervical Spine, (spinal canal and contents); with contrast material(s)</td>
</tr>
<tr>
<td>72146</td>
<td>MRI Thoracic Spine, (spinal canal and contents); without contrast material</td>
</tr>
<tr>
<td>72147</td>
<td>MRI Thoracic Spine, (spinal canal and contents); with contrast material(s)</td>
</tr>
<tr>
<td>72148</td>
<td>MRI Lumbar Spine, (spinal canal and contents); without contrast material</td>
</tr>
<tr>
<td>72149</td>
<td>MRI Lumbar Spine, (spinal canal and contents); with contrast material(s)</td>
</tr>
<tr>
<td>72156</td>
<td>MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences</td>
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<tr>
<td>72157</td>
<td>MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>72158</td>
<td>MRI Lumbar Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>72195</td>
<td>MRI PELVIS; without contrast material(s)</td>
</tr>
<tr>
<td>72196</td>
<td>MRI PELVIS; with contrast material(s)</td>
</tr>
<tr>
<td>72197</td>
<td>MRI PELVIS; without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>73218</td>
<td>MRI Upper Extremity, other than joint; without contrast material(s)</td>
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<tr>
<td>73219</td>
<td>MRI Upper Extremity, other than joint; with contrast material(s)</td>
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<tr>
<td>73220</td>
<td>MRI Upper Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>73221</td>
<td>MRI Upper Extremity, any joint; without contrast material(s)</td>
</tr>
<tr>
<td>73222</td>
<td>MRI Upper Extremity, any joint; with contrast material(s)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>73223</td>
<td>MRI Upper Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences</td>
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<tr>
<td>73718</td>
<td>MRI Lower Extremity, other than joint; without contrast material(s)</td>
</tr>
<tr>
<td>73719</td>
<td>MRI Lower Extremity, other than joint; with contrast material(s)</td>
</tr>
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<td>73720</td>
<td>MRI Lower Extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences</td>
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<tr>
<td>73721</td>
<td>MRI Lower Extremity, any joint; without contrast material(s)</td>
</tr>
<tr>
<td>73722</td>
<td>MRI Lower Extremity, any joint; with contrast material(s)</td>
</tr>
<tr>
<td>73723</td>
<td>MRI Lower Extremity, any joint; without contrast material(s), followed by contrast material(s) and further sequences</td>
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<tr>
<td>74181</td>
<td>MRI ABDOMEN; without contrast material(s)</td>
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<tr>
<td>74182</td>
<td>MRI ABDOMEN; with contrast material(s)</td>
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<tr>
<td>74183</td>
<td>MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences</td>
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<tr>
<td>75557</td>
<td>Cardiac MRI for morphology and function without contrast material;</td>
</tr>
<tr>
<td>75559</td>
<td>Cardiac MRI for morphology and function without contrast material; with stress imaging</td>
</tr>
<tr>
<td>75561</td>
<td>Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences;</td>
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<tr>
<td>75563</td>
<td>Cardiac MRI for morphology and function without contrast, followed by contrast and further sequences; with stress imaging</td>
</tr>
<tr>
<td>75565</td>
<td>Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)</td>
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<td>76390</td>
<td>MR Spectroscopy (MRS)</td>
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<td>Unlisted MR procedure (eg, diagnostic, interventional)</td>
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<td>77058</td>
<td>MRI BREAST UNILATERAL, without and/or with contrast material(s)</td>
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<tr>
<td>77059</td>
<td>MRI BREAST BILATERAL, without and/or with contrast material(s)</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>77084</td>
<td>MRI Bone Marrow Blood Supply</td>
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<tr>
<td>S8037</td>
<td>MRCP (Magnetic Resonance Cholangiopancreatography)</td>
</tr>
<tr>
<td>S8042</td>
<td>MRI Low-Field</td>
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<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT)</td>
</tr>
<tr>
<td></td>
<td>(including attenuation correction, qualitative or quantitative wall motion,</td>
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<tr>
<td></td>
<td>ejection fraction by first pass or gated technique, additional quantification,</td>
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<tr>
<td></td>
<td>when performed); single study, at rest or stress</td>
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<tr>
<td>78452</td>
<td>Myocardial perfusion imaging, tomographic (SPECT)</td>
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<tr>
<td></td>
<td>(including attenuation correction, qualitative or quantitative wall motion,</td>
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<tr>
<td></td>
<td>ejection fraction by first pass or gated technique, additional quantification,</td>
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<tr>
<td></td>
<td>when performed); multiple studies, at rest and/or stress</td>
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<tr>
<td>78453</td>
<td>Myocardial perfusion imaging, planar (including qualitative or quantitative</td>
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<td></td>
<td>wall motion, ejection fraction by first pass or gated technique, additional</td>
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<td></td>
<td>quantification, when performed); single study, at rest or stress (exercise or</td>
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<td>pharmacologic)</td>
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<tr>
<td>78454</td>
<td>Myocardial perfusion imaging, planar (including qualitative or quantitative</td>
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<td>wall motion, ejection fraction by first pass or gated technique, additional</td>
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<tr>
<td></td>
<td>quantification, when performed); multiple studies, at rest and/or stress (exercise</td>
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<tr>
<td></td>
<td>or pharmacologic)</td>
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<tr>
<td>78466</td>
<td>MPI (myocardial imaging), infarct avid, planar; qualitative or quantitative</td>
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<tr>
<td>78468</td>
<td>MPI (myocardial imaging), infarct avid, planar; with ejection fraction by first</td>
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<td>pass technique</td>
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<tr>
<td>78469</td>
<td>MPI (myocardial imaging), infarct avid, planar; tomographic SPECT with or without</td>
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<tr>
<td></td>
<td>quantification</td>
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<tr>
<td>78472</td>
<td>Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or</td>
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<td></td>
<td>stress (exercise and/or pharmacologic), wall motion study plus ejection</td>
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<tr>
<td>78473</td>
<td>Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion</td>
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<tr>
<td></td>
<td>study plus ejection fraction, at rest and stress, w/wo add quantific</td>
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<tr>
<td>78481</td>
<td>Cardiac blood pool imaging, first pass technique; single study, at rest or w/ stress, wall</td>
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<tr>
<td></td>
<td>motion study plus ejection fraction, w/wo quantific</td>
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<tr>
<td>78483</td>
<td>Cardiac blood pool imaging, first pass technique; multiple studies, at rest and w/ stress, wall</td>
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<tr>
<td></td>
<td>motion study plus ejection fraction, w/wo quantific</td>
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<tr>
<td>78494</td>
<td>Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion</td>
</tr>
<tr>
<td></td>
<td>study plus ejection fraction, with or w/o quantitat processing</td>
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<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>78496</td>
<td>Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique</td>
</tr>
<tr>
<td>78499</td>
<td>DM-Unlisted cardiovascular procedure, diagnostic nuclear medicine</td>
</tr>
<tr>
<td>78459</td>
<td>PET CARDIAC, myocardial imaging, metabolic evaluation</td>
</tr>
<tr>
<td>78491</td>
<td>PET CARDIAC, myocardial imaging, perfusion; single study at rest or stress</td>
</tr>
<tr>
<td>78492</td>
<td>PET CARDIAC, myocardial imaging, perfusion; multiple studies at rest and/or stress</td>
</tr>
<tr>
<td>78608</td>
<td>PET BRAIN; metabolic evaluation</td>
</tr>
<tr>
<td>78609</td>
<td>PET BRAIN; perfusion evaluation</td>
</tr>
<tr>
<td>78811</td>
<td>PET Tumor Imaging, limited area (eg, chest, head/neck)</td>
</tr>
<tr>
<td>78812</td>
<td>PET Tumor Imaging; skull base to mid-thigh</td>
</tr>
<tr>
<td>78813</td>
<td>PET Tumor Imaging; whole body</td>
</tr>
<tr>
<td>78814</td>
<td>PET/CT Tumor Imaging, (concurrently acquired CT for attenuation correction and anatomical localization); limited area</td>
</tr>
<tr>
<td>78815</td>
<td>PET/CT Tumor imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh</td>
</tr>
<tr>
<td>78816</td>
<td>PET/CT Tumor Imaging, (concurrently acquired CT for attenuation correction and anatomical localization); whole body</td>
</tr>
<tr>
<td>G0219</td>
<td>PET imaging whole body; melanoma for non-covered indications</td>
</tr>
<tr>
<td>G0252</td>
<td>PET imaging, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (eg, initial staging of axillary lymph nodes)</td>
</tr>
<tr>
<td>76376</td>
<td>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</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>76377</td>
<td>3D Rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation</td>
</tr>
<tr>
<td>0398T</td>
<td>Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed.</td>
</tr>
<tr>
<td>78013</td>
<td>Thyroid imaging (including vascular flow, when performed);</td>
</tr>
<tr>
<td>78014</td>
<td>Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</td>
</tr>
<tr>
<td>78015</td>
<td>Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)</td>
</tr>
<tr>
<td>78016</td>
<td>Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)</td>
</tr>
<tr>
<td>78018</td>
<td>Thyroid carcinoma metastases imaging; Thyroid carcinoma metastases imaging; whole body</td>
</tr>
<tr>
<td>78070</td>
<td>Parathyroid planar imaging (including subtraction, when performed);</td>
</tr>
<tr>
<td>78071</td>
<td>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)</td>
</tr>
<tr>
<td>78072</td>
<td>Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization</td>
</tr>
<tr>
<td>78075</td>
<td>Adrenal imaging, cortex and/or medulla</td>
</tr>
<tr>
<td>78102</td>
<td>Bone marrow imaging; limited area</td>
</tr>
<tr>
<td>78103</td>
<td>Bone marrow imaging; multiple areas</td>
</tr>
<tr>
<td>78140</td>
<td>Labeled red cell sequestration, diff organ/tissue</td>
</tr>
<tr>
<td>78185</td>
<td>Spleen imaging only, with or without vascular flow</td>
</tr>
<tr>
<td>78195</td>
<td>Lymphatics &amp; lymph glands imaging</td>
</tr>
<tr>
<td>78201</td>
<td>Liver imaging static only</td>
</tr>
<tr>
<td>78202</td>
<td>Liver imaging static only</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>78205</td>
<td>Liver imaging, SPECT</td>
</tr>
<tr>
<td>78206</td>
<td>Liver imaging w/vascular flow</td>
</tr>
<tr>
<td>78215</td>
<td>Liver &amp; spleen imaging, static only</td>
</tr>
<tr>
<td>78216</td>
<td>Liver &amp; spleen imaging /w/vascular flow</td>
</tr>
<tr>
<td>78226</td>
<td>Hepatobiliary system imaging, including gallbladder when present</td>
</tr>
<tr>
<td>78230</td>
<td>Salivary gland imaging</td>
</tr>
<tr>
<td>78231</td>
<td>Salivary gland imaging w/serial images</td>
</tr>
<tr>
<td>78232</td>
<td>Salivary gland function study</td>
</tr>
<tr>
<td>78258</td>
<td>Esophageal motility</td>
</tr>
<tr>
<td>78261</td>
<td>Gastric mucosa imaging</td>
</tr>
<tr>
<td>78262</td>
<td>Gastroesophageal reflux study</td>
</tr>
<tr>
<td>78264</td>
<td>Gastric emptying imaging study</td>
</tr>
<tr>
<td>78265</td>
<td>Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit</td>
</tr>
<tr>
<td>78266</td>
<td>Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days</td>
</tr>
<tr>
<td>78278</td>
<td>Acute gastrointestinal blood loss imaging</td>
</tr>
<tr>
<td>78290</td>
<td>Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)</td>
</tr>
<tr>
<td>78291</td>
<td>Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)</td>
</tr>
<tr>
<td>78300</td>
<td>Bone and or joint imaging, limited area</td>
</tr>
<tr>
<td>78305</td>
<td>Bone and/or joint imaging; multiple areas</td>
</tr>
<tr>
<td>78306</td>
<td>Bone and/or joint imaging; whole body</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>78315</td>
<td>Bone and/or joint imaging; 3 phase study</td>
</tr>
<tr>
<td>78320</td>
<td>Bone and or joint imaging, tomographic SPECT</td>
</tr>
<tr>
<td>78414</td>
<td>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</td>
</tr>
<tr>
<td>78445</td>
<td>Non-cardiac vascular flow imaging (ie angiography, venography)</td>
</tr>
<tr>
<td>78457</td>
<td>Venous thrombosis imaging, venogram unilateral</td>
</tr>
<tr>
<td>78458</td>
<td>Venous Thrombosis imaging, venogram B/L</td>
</tr>
<tr>
<td>78579</td>
<td>Pulmonary ventilation imaging</td>
</tr>
<tr>
<td>78580</td>
<td>Pulmonary perfusion imaging</td>
</tr>
<tr>
<td>78582</td>
<td>Pulmonary ventilation and perfusion imaging</td>
</tr>
<tr>
<td>78597</td>
<td>Quantitative differential pulmonary perfusion including imaging when performed</td>
</tr>
<tr>
<td>78598</td>
<td>Quantitative differential pulmonary perfusion and ventilation, including imaging when performed</td>
</tr>
<tr>
<td>78600</td>
<td>Brain imaging, less than 4 static views</td>
</tr>
<tr>
<td>78601</td>
<td>Brain imaging, less than 4 static views; with vascular flow</td>
</tr>
<tr>
<td>78605</td>
<td>Brain imaging, minimum 4 static views</td>
</tr>
<tr>
<td>78606</td>
<td>Brain imaging, minimum 4 static views; with vascular flow</td>
</tr>
<tr>
<td>78607</td>
<td>Brain Imaging, complete study; tomographic SPECT</td>
</tr>
<tr>
<td>78610</td>
<td>Brain Imaging, vascular flow only</td>
</tr>
<tr>
<td>78630</td>
<td>Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography</td>
</tr>
<tr>
<td>78635</td>
<td>Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>78645</td>
<td>Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation</td>
</tr>
<tr>
<td>78647</td>
<td>Cerebrospinal fluid flow, imaging (not including intro of material); tomographic (SPECT)</td>
</tr>
<tr>
<td>78650</td>
<td>Cerebrospinal fluid leakage detection and localization</td>
</tr>
<tr>
<td>78660</td>
<td>Radiopharmaceutical dacroyocystography</td>
</tr>
<tr>
<td>78700</td>
<td>Kidney imaging morphology</td>
</tr>
<tr>
<td>78701</td>
<td>Kidney imaging with flow</td>
</tr>
<tr>
<td>78707</td>
<td>Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention</td>
</tr>
<tr>
<td>78708</td>
<td>Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and or diuretic)</td>
</tr>
<tr>
<td>78709</td>
<td>Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)</td>
</tr>
<tr>
<td>78710</td>
<td>Kidney imaging morphology; tomographic (SPECT)</td>
</tr>
<tr>
<td>78725</td>
<td>Kidney function study, non-imaging radioisotopic study</td>
</tr>
<tr>
<td>78730</td>
<td>Urinary bladder residual study (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>78740</td>
<td>Ureteral reflux study (radiopharmaceutical voiding cystogram)</td>
</tr>
<tr>
<td>78761</td>
<td>Testicular imaging with vascular flow</td>
</tr>
<tr>
<td>78800</td>
<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area</td>
</tr>
<tr>
<td>78802</td>
<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging</td>
</tr>
<tr>
<td>78803</td>
<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)</td>
</tr>
<tr>
<td>78804</td>
<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>78805</td>
<td>Radiopharmaceutical localization of inflammatory process; limited area</td>
</tr>
<tr>
<td>78806</td>
<td>Radiopharmaceutical localization of inflammatory process; whole body</td>
</tr>
<tr>
<td>78807</td>
<td>Radiopharmaceutical localization of inflammatory process; tomodigraphic (SPECT)</td>
</tr>
<tr>
<td>G0235</td>
<td>PET imaging, any site, not otherwise specified</td>
</tr>
<tr>
<td>0501T</td>
<td>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report</td>
</tr>
<tr>
<td>0502T</td>
<td>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission</td>
</tr>
<tr>
<td>0503T</td>
<td>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model</td>
</tr>
<tr>
<td>0504T</td>
<td>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75571</td>
<td>CT, HEART, without contrast with quantitative evaluation of coronary calcium</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74263</td>
<td>Computed tomographic (CT) colonography, screening, including image postprocessing</td>
</tr>
</tbody>
</table>

The following code is Not Medically necessary for BlueCHiP for Medicare

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75571</td>
<td>CT, HEART, without contrast with quantitative evaluation of coronary calcium</td>
</tr>
</tbody>
</table>

**RELATED POLICIES**
None

**PUBLISHED**
Provider Update, March 2018
Provider Update, April 2017
Provider Update, July 2016
Provider Update, August 2015
Provider Update, November 2010

**REFERENCES:**
None
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