

# Oxford's Outpatient Imaging Self-Referral Policy

**Policy Number:** RADIOLOGY 013B.60  
**Effective Date:** August 1, 2024

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Background</a> .....	8
<a href="#">References</a> .....	9
<a href="#">Policy History/Revision Information</a> .....	9
<a href="#">Instructions for Use</a> .....	9

Related Policies
<ul style="list-style-type: none"> <li><a href="#">Cardiology Procedures for eviCore healthcare Arrangement</a></li> <li><a href="#">Obstetrical Ultrasonography</a></li> <li><a href="#">Radiology Procedures for eviCore healthcare Arrangement</a></li> </ul>

## Coverage Rationale

- The self-referral policy **does not** apply to radiology services performed during an inpatient stay, ambulatory surgery, emergency room visit, or pre-operative/pre-admission testing.
- All specialty policies apply to the related pediatric specialties as well. All X-rays performed at an urgent care facility are payable.
- Some procedures require prior authorization.** To obtain prior authorization for a radiology procedure, please contact eviCore healthcare via one of the two options listed below:
  - Providers can call eviCore healthcare at 1-877-Pre-Auth (773-2884).
  - Providers can log onto the [Prior Authorization and Notification App](#).
- Any obstetrical Ultrasound beyond three, per Member, per pregnancy requires prior authorization.** Please call 1-877-PRE-AUTH. For specific guidelines, refer to the Clinical Policy titled [Obstetrical Ultrasonography](#).
- The notification/authorization number is valid for 45 calendar days. It is specific to the advanced outpatient imaging procedure requested, to be performed one time, for one date of service within the 45-day period.

Physician Type	CPT Codes	Description
Internal Medicine, Family Practice and Advanced Nurse Practitioners (APRN) located in Connecticut (CT) Only	71045, 71046, 71047, 71048	Chest imaging
	74018, 74019, 74021	Abdomen imaging
	77080, 77081, 77085	DEXA studies, bone densitometry
General Surgeons, Surgical Oncologists – Breast Ultrasound and ultrasound guided needle placement <b>of the breast</b> requires:	76641	Ultrasound breast, complete
	76642	Ultrasound breast, limited
<ul style="list-style-type: none"> <li>Accreditation by the American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy, <b>or</b></li> <li>Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound, <b>or</b></li> </ul>		

Physician Type	CPT Codes	Description
• The Joint Commission (TJC)		
General Surgeons, Surgical Oncologists – Breast	76942	Ultrasonic guidance for needle placement
Head and Neck Surgeons (ENT, Otolaryngologists)	76942	Ultrasonic guidance
Head and Neck Surgeons (ENT, Otolaryngologists) Accredited by the American Institute of Ultrasound in Medicine (AIUM) in Head and Neck Ultrasound	76536	Ultrasound, soft tissues of head and neck
Cardiologists, Including Pediatric	75580  Refer to the Clinical Policy titled <a href="#">Cardiology Procedures for eviCore healthcare Arrangement</a> for additional information.  71045, 71046, 71047, 71048	Fractional Flow Reserve (FFR-CT)   Chest imaging
Cardiologists – Nuclear Medicine Nuclear studies require: Laboratories accredited by Intersocietal Commission (IAC Nuclear/PET), the American College of Radiology (ACR), The Joint Commission (TJC), or Radsite in SPECT	78451, 78452, 78453, 78454  78459, 78491, 78492  Refer to the Clinical Policy titled <a href="#">Cardiology Procedures for eviCore healthcare Arrangement</a> for additional information.  78466, 78468, 78469  78472, 78473, 78481, 78483, 78494, 78496  Refer to the Clinical Policy titled <a href="#">Radiology Procedures for eviCore healthcare Arrangement</a> for additional information.	Myocardial perfusion imaging  Myocardial imaging PET   Myocardial infarction scans  Cardiac blood pool imaging
Cardiologists – Pediatric Only  Nuclear studies require: Laboratories accredited by IAC Nuclear/PET, ACR, TJC, or Radsite in SPECT	75580  75557, 75559, 75561, 75563  75571, 75572, 75573, 75574  78451, 78452, 78453, 78454  78459 Refer to the Clinical Policy titled <a href="#">Cardiology Procedures for eviCore healthcare Arrangement</a> for additional information.  71555  78466, 78468, 78469  78472, 78473, 78481, 78483, 78492, 78494	FFR-CT  Cardiac MRI  Computed tomography  Myocardial perfusion imaging  Myocardial imaging PET   MRA Chest  Myocardial infarction scans  Cardiac blood pool imaging

Physician Type	CPT Codes	Description
	Refer to the Clinical Policy titled <a href="#">Radiology Procedures for eviCore healthcare Arrangement</a> for additional information.	
Cardiologists-Pediatric Only  Echocardiography studies require: Certification by the Intersocietal Accreditation Commission for Echocardiography (IAC)	76820, 76821, 76825, 76826, 76827, 76828  Refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.	Echocardiography, fetal Doppler velocimetry, fetal; middle and umbilical cerebral artery
Chiropractors	72040, 72070, 72080, 72100	Spine imaging
Colon and Rectal Surgeons	76872  76942	Ultrasound, transrectal  Ultrasonic guidance
Endocrinologists; Pediatric Endocrinologists	76536  76942  77080, 77081, 77085	Ultrasound, soft tissues of head and neck Ultrasonic guidance for needle placement DEXA studies, bone densitometry
Gastroenterologists	76975	Endoscopic ultrasound
Geriatricians	71045, 71046, 71047, 71048	Chest imaging
Hematologist/Oncologists Medical Oncologists/Oncologists	71045, 71046, 71047, 71048	Chest imaging
Vascular Surgeons	76937  76942  77001	Ultrasound guidance for vascular access  Ultrasonic guidance  Fluoroscopic guidance
Hand Surgeons	76000  73100, 73110, 73115, 73120, 73130, 73140	Fluoroscopy  Upper extremity imaging
Reproductive Endocrinologists	76941, 76942, 76945, 76946	Ultrasonic guidance
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic	76830, 76856, 76857, 76942	Ultrasound study
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic	74440  74740  74742  76815, 76816, 76817  76831  76948	Vasography, vesiculography, or epididymography  Hysterosalpingography  Transcervical catheterization of fallopian tube  Ultrasound-obstetrical, pelvic  Ultrasonic guidance  US guidance aspiration of ova

Physician Type	CPT Codes	Description
	77067  77081, 77085  For CPT Codes 76801- 76828, refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.	Screening Mammography  DEXA studies, bone densitometry
Reproductive Endocrinologists with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814  76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828  For CPT Codes 76801- 76828, refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.	Ultrasound: obstetrical, pelvic  US guidance for fetal transfusion or pericardiocentesis
Reproductive Endocrinologists – Ultrasound <b>of the Breast</b> require: <ul style="list-style-type: none"> <li>• Accreditation by the American College of Radiology (ACR) in breast ultrasound, <b>or</b></li> <li>• Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound</li> </ul>	76641, 76642	Ultrasound, breast
OB/GYNs	77067  74740  76815, 76816, 76817 Refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.  76830, 76831, 76856, 76857, 76941, 76945, 76946  77080, 77081, 77085	Screening Mammography  Hysterosalpingography  Ultrasound: obstetrical, pelvic  Ultrasonic guidance  DEXA studies, bone densitometry
OB/GYNs with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814  76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828  For CPT Codes 76801-76828, refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.  76948	Ultrasound: obstetrical, pelvic  US guidance for fetal transfusion or cordocentesis  US guidance aspiration of ova
OB/GYNs – Ultrasound <b>of the Breast</b> require: <ul style="list-style-type: none"> <li>• Accreditation by the American College of Radiology (ACR) in breast ultrasound, <b>or</b></li> <li>• Accreditation by the American Institute of Ultrasound in</li> </ul>	76641, 76642	Ultrasound, breast

Physician Type	CPT Codes	Description
Medicine (AIUM) in diagnostic breast ultrasound, or <ul style="list-style-type: none"> <li>Accreditation by The Joint Commission (TJC)</li> </ul>		
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine	74740  76815, 76816, 76817 Refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.  76830, 76831, 76856, 76857, 76941, 76942, 76945, 76946  77067  77080, 77081, 77085	Hysterosalpingography  Ultrasound: obstetrical, pelvic  Ultrasonic guidance  Screening Mammography  DEXA studies, bone densitometry
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814  76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828  76948  For CPT Codes 76801-76828, refer to the Clinical Policy titled <a href="#">Obstetrical Ultrasonography</a> for additional information.	Ultrasound: obstetrical, pelvic  US guidance for fetal transfusion or cordocentesis  US guidance aspiration of ova
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine – Ultrasound <b>of the breast</b> require: <ul style="list-style-type: none"> <li>Accreditation by the American College of Radiology (ACR) in breast ultrasound, <b>or</b></li> <li>Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound, or</li> <li>Accreditation by The Joint Commission (TJC)</li> </ul>	76641, 76642	Ultrasound, breast
Nephrologists	77021  77012  77002  76942	MR guidance for needle placement  CT scan for needle biopsy  Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)  Ultrasonic guidance
Nuclear Medicine	74712, 74713, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140,	Nuclear medicine studies

Physician Type	CPT Codes	Description
	78185, 78191, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78267, 78268, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78808, 78811, 78812, 78813, 78814, 78815, 78816, 78999  Refer to the Clinical Policy titled <a href="#">Radiology Procedures for eviCore healthcare Arrangement</a> to determine which nuclear studies require prior authorization.	
Oral Surgeons	70100, 70110, 70140, 70150  70300, 70310, 70320  70328, 70330  70350  70355	Mandible and facial bone imaging Teeth imaging  TMJ imaging  Cephalogram, orthodontic  Orthopantogram
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists)	71100, 71101, 71110, 71111  71120, 71130  72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220, 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660, 76000, 77002, 77003  76942  77071  77073  77077	Radiologic examination, ribs  Radiologic examination, sternum  Radiologic examination, any joint          Ultrasonic guidance for needle placement  Bone and joint studies  Bone length studies  Joint survey

Physician Type	CPT Codes	Description
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists) with an AIUM Accreditation in Musculoskeletal Ultrasound or Accreditation by The Joint Commission (TJC)	76881, 76882	Ultrasound, extremity
Pain Management Specialists (Physiatrists, Physical Rehabilitation Medicine, Anesthesiologists, Neurologists, and Neurosurgeons)	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120	Radiologic examination, spine
	74018, 74019, 74021	Radiologic examination, abdomen
	76000	Fluoroscopy
	76942	Ultrasonic guidance for needle placement
	77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
Sports Medicine	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
	71100, 71101, 71110, 71111	Radiologic examination, ribs
	71120, 71130	Radiologic examination, sternum
	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220, 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic examination, any joint
Pediatricians	71045, 71046, 71047, 71048	Chest imaging
Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Radiologic examination, Lower extremities
Pulmonologists	71045, 71046, 71047, 71048	Chest Imaging

Physician Type	CPT Codes	Description
Rheumatologists	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120	Radiologic examination, Spine
	72170, 72190	Radiologic examination pelvis
	72200, 72202, 72220	Imaging sacroiliac joints
	73000, 73010, 73020, 73030, 73040, 73050, 73051, 73052, 73053, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic examination, Upper and lower extremities
	76000, 77002, 77003	Fluoroscopy
	76942	Ultrasonic guidance for needle placement
	77071, 77073	Bone and joint studies
	77077	Joint survey
	77080, 77081, 77085	DEXA studies, bone densitometry
Urologists	74455	Urethrocytography
	76775	Ultrasound, retroperitoneal
	76857	Ultrasound pelvic limited or follow up
	76870, 76872, 76873	Ultrasound- scrotum, transrectal or prostate volume study for brachytherapy treatment planning
	76942	Ultrasonic guidance
	76965	Ultrasonic guidance for interstitial radioelement application

CPT® is a registered trademark of the American Medical Association

## Background

The outpatient imaging self-referral policy is designed to promote appropriate use of diagnostic imaging by primary care physicians and specialty physicians in office settings. High quality imaging service standards are promoted by requiring that providers limit their imaging to their specialty practice areas, and by meeting the standards of one of several national accreditation organizations, like the following:

- The American College of Radiology (ACR)
- The American Institute of Ultrasound in Medicine (AIUM)
- The Intersocietal Accreditation Commission (IAC)
- RadSite



- The Joint Commission (TJC)

The Oxford policy designates which imaging procedures shall be payable by Oxford (subject to member benefits) in primary care physicians' or specialty physicians' offices by provider practice specialty.

**Note:** Confirmed by the ACR, providing final interpretations of diagnostic procedures remains outside the physician assistants' scope of practice.

In addition, this policy describes the minimum accreditation and certification requirements for ultrasound, echocardiography, and nuclear medicine. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed above.

If you have specific questions about the application process for accreditation, contact the ACR or IAC on their websites or by phone. For questions about Oxford's accreditation requirements, call 1-800-666-1353.

Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [eviCore healthcare website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included.

## References

American Medical Association. Current Procedural Terminology: CPT Professional Edition. AMA Press.

GAO report in September 2012 (Medicare: Higher use of Advanced Imaging Services by Providers who Self-Refer Costing Medicare Millions).

GAO Report published in May 2013 entitled Medicare Imaging Accreditation Establishing Minimum National Standards and Oversight Framework Would Help Ensure Quality and Safety of Advanced Diagnostic Imaging Services.

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert. Ingenix.

See also Gazelle, et al (Utilization of diagnostic medical imaging: comparison of radiologist referral versus same-specialty referral, Radiology 245:2007; 517-522).

## Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• Revised list of applicable CPT codes for <b>Reproductive Endocrinologists – Infertility Specialists Practicing Within an Infertility Clinic</b>:               <ul style="list-style-type: none"> <li>○ Added 76942</li> <li>○ Removed 76641 and 76642</li> <li>○ Removed facility accreditation requirements for ultrasound of the breast</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version RADIOLOGY 013B.59</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the

independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.