

Radiology Procedures for eviCore healthcare Arrangement

Policy Number: RADIOLOGY 037.39
Effective Date: July 1, 2024

[➔ Instructions for Use](#)

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Coverage Rationale

Oxford has engaged eviCore healthcare to perform initial reviews of requests for prior authorization and medical necessity reviews that may include a site of service review. (Oxford continues to be responsible for decisions to limit or deny coverage and for appeals). Refer to the Clinical Policy titled [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#).

All prior authorization requests are handled by eviCore healthcare. To prior authorize a radiology procedure, contact eviCore healthcare via one of the two options listed below:

- Providers can call eviCore healthcare at 1-877-PRE-AUTH (1-877-773-2884); or
- Providers can log onto the eviCore healthcare web page using the [Prior Authorization and Notification App](#).

Note: It is eviCore healthcare’s policy not to accept prior authorization requests from persons or entities other than referring physicians.

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.

eviCore healthcare has established an infrastructure to support the review, development, and implementation of comprehensive outpatient imaging criteria. The radiology evidence-based guidelines and management criteria are available on the eviCore healthcare web site using the [Prior Authorization and Notification App](#).

Accreditation Requirements for Participating Providers

Note: Hospitals are currently excluded from the accreditation requirements listed below.

All MRI, PET, CT, nuclear medicine, and ultrasound studies must be performed on an American College of Radiology (ACR), American Institute of Ultrasound in Medicine (AIUM), Intersocietal Accreditation Commission (IAC), RadSite, or The Joint Commission (TJC) accredited unit or at accredited facilities. Refer to the Administrative Policy titled [Accreditation Requirements for Radiology Services](#).

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.

The [Oxford Radiology Prior Notification/Authorization Crosswalk Table](#) contains a list of CPT® codes that are interchangeable for prior authorization. If a provider obtains prior authorization for a procedure that corresponds with the Crosswalk Table, then the substitution is appropriate.

Background

The following radiology procedures may require prior authorization through eviCore healthcare.

- Computerized axial tomography (CAT) scan
- CT colonography/virtual colonoscopy (for diagnostic purposes)
- Magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)
- Nuclear medicine imaging
- Positron emission tomography (PET) scans
- Obstetrical ultrasound (fourth and subsequent procedure per Member per pregnancy requires authorization)

Note: Other procedures may be added to the list of procedures requiring prior authorization through eviCore healthcare, as necessary.

For bone density screening, refer to the Clinical Policy titled [Collagen Crosslinks and Biochemical Markers of Bone Turnover](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	10/01/2008	CAD
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	10/01/2008	CAD
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	06/01/2021	MRI
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	06/01/2021	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
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	06/01/2021	MRI
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	06/01/2021	MRI
0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report	12/01/2021-02/01/2023	CT Scan
0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission	12/01/2021-02/01/2023	CT Scan
0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography	12/01/2021-02/01/2023	CT Scan
0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report	12/01/2021-02/01/2023	CT Scan
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	06/01/2021	CT Scan
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	06/01/2021	CT Scan
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	06/01/2021	CT Scan
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	06/01/2021	CT Scan
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	06/01/2021	CT Scan
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	06/01/2021	CT Scan
0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session	12/01/2021-02/01/2023	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	12/01/2021-02/01/2023	MRI
0697T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; multiple organs	01/01/2023	MRI
0698T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	01/01/2023	MRI
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	01/01/2023	CT Scan
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	01/01/2023	CT Scan
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	01/01/2023	CT Scan
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	01/01/2023	CT Scan
70336	MRI TMJ	04/15/1999	MRI
70450	Computed tomography, head or brain; without contrast material	04/15/1999	CT Scan
70460	CT Head/brain w/ contrast	04/15/1999	CT Scan
70470	CT Head/brain w/o & w/ contrast	04/15/1999	CT Scan
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	04/15/1999	CT Scan
70481	CT orbit w/ contrast	04/15/1999	CT Scan
70482	CT orbit w/o & w/ contrast	04/15/1999	CT Scan
70486	Computed tomography, maxillofacial area; without contrast material	04/15/1999	CT Scan

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
70487	CT Maxllfcl w/ contrast	04/15/1999	CT Scan
70488	CT Maxllfcl w/o & w/ contrast	04/15/1999	CT Scan
70490	Computed tomography, soft tissue neck; without contrast material	04/15/1999	CT Scan
70491	CT Soft tissue neck w/ contrast	04/15/1999	CT Scan
70492	CT Soft tissue neck w/o & w/ contrast	04/15/1999	CT Scan
70496	CT Angiography, head	05/01/2001	CT Scan
70498	CT Angiography, neck	05/01/2001	CT Scan
70540	MRI Face, orbit, neck w/o contrast	04/15/1999	MRI
70542	MRI Face, orbit, neck with contrast	05/01/2001	MRI
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	05/01/2001	MRI
70544	MRA Head w/o contrast	05/01/2001	MRA
70545	MRA Head w/ contrast	05/01/2001	MRA
70546	MRA Head w/ & w/o contrast	05/01/2001	MRA
70547	MRA Neck w/o contrast	05/01/2001	MRA
70548	MRA Neck w/ contrast	05/01/2001	MRA
70549	MRA Neck w/ & w/o contrast	05/01/2001	MRA
70551	MRI Head w/o contrast	04/15/1999	MRI
70552	MRI Head w/ contrast	04/15/1999	MRI
70553	MRI Head w/ & w/o contrast	04/15/1999	MRI
70554	MRI Brain, functional, w/ body part movement and/or visual stimulation	01/01/2007	MRI
70555	MRI Brain, functional, w/ entire neurofunctional testing	01/01/2007	MRI
71250	Computed tomography, thorax, diagnostic; without contrast material	04/15/1999	CT Scan
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	04/15/1999	CT Scan
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	04/15/1999	CT Scan
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	06/01/2021	CT Scan
71275	CT angiography, chest (noncoronary)	05/01/2001	CT Scan
71550	MRI Chest w/o contrast	04/15/1999	MRI
71551	MRI Chest w contrast	05/01/2001	MRI
71552	MRI Chest w & w/o contrast	05/01/2001	MRI
71555	MRA Chest (exc myocardium) w/ or w/o contrast	04/15/1999	MRA
72125	Computed tomography, cervical spine; without contrast material	04/15/1999	CT Scan
72126	CT C Spine w/ contrast	04/15/1999	CT Scan
72127	CT C Spine w/o & w/ contrast	04/15/1999	CT Scan
72128	Computed tomography, thoracic spine; without contrast material	04/15/1999	CT Scan
72129	CT T Spine w/ contrast	04/15/1999	CT Scan

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
72130	CT T Spine w/o & w/ contrast	04/15/1999	CT Scan
72131	Computed tomography, lumbar spine; without contrast material	04/15/1999	CT Scan
72132	CT L Spine w/ contrast	04/15/1999	CT Scan
72133	CT L Spine w/o & w/ contrast	04/15/1999	CT Scan
72141	MRI Cervical spine w/o contrast	04/15/1999	MRI
72142	MRI Cervical spine w/ contrast	04/15/1999	MRI
72146	MRI Thoracic spine w/o contrast	04/15/1999	MRI
72147	MRI Thoracic spine w/ contrast	04/15/1999	MRI
72148	MRI Lumbar spine w/o contrast	04/15/1999	MRI
72149	MRI Lumbar spine w/ contrast	04/15/1999	MRI
72156	MRI C Spine w/ & w/o contrast	04/15/1999	MRI
72157	MRI T Spine w/ & w/o contrast	04/15/1999	MRI
72158	MRI L Spine w/ & w/o contrast	04/15/1999	MRI
72159	MRA Spinal canal w/ or w/o contrast	04/15/1999	MRA
72191	CT Angiography pelvis	05/01/2001	CT Scan
72192	Computed tomography, pelvis; without contrast material	04/15/1999	CT Scan
72193	CT Pelvis w/ contrast	04/15/1999	CT Scan
72194	CT Pelvis w/o & w/ contrast	04/15/1999	CT Scan
72195	MRI Pelvis w/o contrast	05/01/2001	MRI
72196	MRI Pelvis w/ contrast	04/15/1999	MRI
72197	MRI Pelvis w/ & w/o contrast	05/01/2001	MRI
72198	MRA Pelvis w/ or w/o contrast	04/15/1999	MRA
73200	Computed tomography, upper extremity; without contrast material	04/15/1999	CT Scan
73201	CT Upper extremity w/ contrast	04/15/1999	CT Scan
73202	CT Upper extremity w/o & w/ contrast	04/15/1999	CT Scan
73206	CT Angiography upper extremity	02/04/2002	CT Scan
73218	MRI Upper extremity other than joint w/o contrast	05/01/2001	MRI
73219	MRI Upper extremity other than joint w contrast	05/01/2001	MRI
73220	MRI Upper extremity other than joint w/ & w/o contrast	04/15/1999	MRI
73221	MRI Upper extremity joint w/o contrast	04/15/1999	MRI
73222	MRI Upper extremity joint w/ contrast	05/01/2001	MRI
73223	MRI Upper extremity joint w/ & w/o contrast	05/01/2001	MRI
73225	MRA Upper extremity w/ or w/o contrast	04/15/1999	MRA
73700	Computed tomography, lower extremity; without contrast material	04/15/1999	CT Scan
73701	CT Lower extremity w/ contrast	04/15/1999	CT Scan
73702	CT Lower extremity w/o & w/ contrast	04/15/1999	CT Scan
73706	CT Angiography lower extremity	05/01/2001	CT Scan
73718	MRI Lower extremity other than joint w/o contrast	05/01/2001	MRI
73719	MRI Lower extremity joint w/ contrast	05/01/2001	MRI
73720	MRI Lower extremity other than joint w/ & w/o contrast	04/15/1999	MRI
73721	MRI Lower extremity joint w/o contrast	04/15/1999	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
73722	MRI Lower extremity joint w/ contrast	05/01/2001	MRI
73723	MRI Lower extremity joint w/ & w/o contrast	05/01/2001	MRI
73725	MRA Lower extremity w/ or w/o contrast	04/15/1999	MRA
74150	Computed tomography, abdomen; without contrast material	04/15/1999	CT Scan
74160	CT Abdomen w/ contrast	04/15/1999	CT Scan
74170	CT Abdomen w/o & w/ contrast	04/15/1999	CT Scan
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01/01/2012	CT Scan
74175	CT Angiography abdomen	05/01/2001	CT Scan
74176	Computed tomography, abdomen and pelvis; without contrast material	01/01/2011	CT Scan
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	01/01/2011	CT Scan
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	01/01/2011	CT Scan
74181	MRI Abdomen w/o contrast	04/15/1999	MRI
74182	MRI Abdomen w/ contrast	05/01/2001	MRI
74183	MRI Abdomen w/ & w/o contrast	05/01/2001	MRI
74185	MRA Abdomen w/ or w/o contrast	04/15/1999	MRA
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	01/01/2010	CT Scan
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	01/01/2010	CT Scan
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	05/01/2014	CT Scan
74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	01/01/2016 – 12/31/2023	MRI
74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	01/01/2016 – 12/31/2023	MRI
75635	CT Angiography abdominal aorta and bilateral iliofemoral lower extremity runoff	05/01/2001	CT Scan
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	01/01/2006	MRI
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	01/01/2006	MRI
76380	CT Limited or localized follow-up study	04/15/1999	CT Scan

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
76390	MRI spectroscopy	01/01/2020	MRI
76391	Magnetic resonance (e.g., vibration) elastography	01/01/2019	MRI
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	10/01/2020	CT Scan
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	10/01/2020	MRI
76499	Unlisted procedure	04/15/1999	MRI
76801	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< or = 14 weeks 0 days), transabdominal approach; single or first gestation</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	04/01/2003	Obstetrical Ultrasound
76802	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; for each additional gestation (List separately in addition to code for primary procedure performed), use 76802 in conjunction with 76801</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	04/01/2003	Obstetrical Ultrasound
76805	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76810	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure performed)</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76811	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	04/01/2003	Obstetrical Ultrasound
76812	<p>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	04/01/2003	Obstetrical Ultrasound

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
76813	<p>Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	01/01/2007	Obstetrical Ultrasound
76814	<p>Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	01/01/2007 – 12/31/2023	Obstetrical Ultrasound
76815	<p>Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heartbeat, placental location, fetal position, and/or qualitative amniotic fluid volume), one or more fetuses</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76816	<p>Ultrasound, pregnant uterus, real time with image documentation, follow up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach per fetus</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76817	<p>Ultrasound, pregnant uterus, real time with image documentation, transvaginal; for non-obstetrical transvaginal ultrasound use 76830; If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	04/01/2003	Obstetrical Ultrasound
76818	<p>Fetal biophysical profile</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76819	<p>Fetal biophysical profile; without stress or non-stress testing</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	05/01/2001	Obstetrical Ultrasound
76820	<p>Doppler velocimetry, fetal; umbilical artery</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	01/01/2005	Obstetrical Ultrasound
76821	<p>Doppler velocimetry, fetal; middle cerebral artery</p> <p>Refer to the Clinical Policy titled Obstetrical Ultrasonography.</p>	01/01/2005	Obstetrical Ultrasound

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
76825	Echocardiography, fetal, cardiovascular system, real time w/image documentation (2D), w/ or w/o m-mode recording Refer to the Clinical Policy titled Obstetrical Ultrasonography .	05/01/2001	Obstetrical Ultrasound
76826	Follow up or repeat study Refer to the Clinical Policy titled Obstetrical Ultrasonography .	05/01/2001	Obstetrical Ultrasound
76827	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave w/spectral display, complete Refer to the Clinical Policy titled Obstetrical Ultrasonography .	05/01/2001	Obstetrical Ultrasound
76828	Follow up or repeat study Refer to the Clinical Policy titled Obstetrical Ultrasonography .	05/01/2001	Obstetrical Ultrasound
76975	Endoscopic ultrasound	03/01/2001	Diagnostic Ultrasound
77021	Magnetic resonance imaging guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	01/01/2007	MRI
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	10/01/2008 – 10/31/2023	MRI
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01/01/2019	MRI
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01/01/2019	MRI
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	01/01/2019	MRI
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	01/01/2019	MRI
77084	MRI Bone marrow blood supply	01/01/2007	MRI
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01/01/2013	Nuclear Med
78013	Thyroid imaging (including vascular flow, when performed);	01/01/2013	Nuclear Med
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01/01/2013	Nuclear Med
78015	Thyroid met imaging	04/15/1999	Nuclear Med
78016	Thyroid met imaging with additional studies	04/15/1999	Nuclear Med
78018	Thyroid scan whole body	04/15/1999	Nuclear Med
78020	Thyroid carcinoma metastases uptake	04/15/1999 – 10/31/2023	Nuclear Med

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78070	Parathyroid planar imaging (including subtraction, when performed);	04/15/1999	Nuclear Med
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	01/01/2013	Nuclear Med
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	01/01/2013	Nuclear Med
78075	Adrenal nuclear imaging	04/15/1999	Nuclear Med
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	04/15/1999	Nuclear Med
78102	Bone marrow imaging, limited	04/15/1999 – 10/31/2023	Nuclear Med
78103	Bone marrow imaging, multiple	04/15/1999 – 10/31/2023	Nuclear Med
78104	Bone marrow imaging, whole body	04/15/1999 – 10/31/2023	Nuclear Med
78185	Spleen imaging w & w/o vascular flow	04/15/1999 – 10/31/2023	Nuclear Med
78195	Lymph system imaging	04/15/1999 – 10/31/2023	Nuclear Med
78199	Unlisted hematopoietic diagnostic nuclear medicine	04/15/1999	Nuclear Med
78201	Liver imaging	04/15/1999 – 10/31/2023	Nuclear Med
78202	Liver imaging with flow	04/15/1999 – 10/31/2023	Nuclear Med
78215	Liver & spleen imaging	04/15/1999 – 10/31/2023	Nuclear Med
78216	Liver & spleen imaging with flow	04/15/1999 – 10/31/2023	Nuclear Med
78226	Hepatobiliary system imaging, including gallbladder when present;	01/01/2012	Nuclear Med
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	01/01/2012	Nuclear Med
78230	Salivary gland imaging	04/15/1999 – 10/31/2023	Nuclear Med
78231	Serial salivary gland	04/15/1999 – 10/31/2023	Nuclear Med
78232	Salivary gland function exam	04/15/1999 – 10/31/2023	Nuclear Med
78258	Esophagus motility study	04/15/1999 – 10/31/2023	Nuclear Med
78261	Gastric mucosa imaging	04/15/1999 – 10/31/2023	Nuclear Med
78262	Gastroesophageal reflux exam	04/15/1999 – 10/31/2023	Nuclear Med
78264	Gastric emptying imaging study (e.g., solid, liquid, or both)	04/15/1999	Nuclear Med
78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit	01/01/2016	Nuclear Med

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days	01/01/2016	Nuclear Med
78278	GI Bleeder scan	04/15/1999 – 10/31/2023	Nuclear Med
78282	GI Protein exam	04/15/1999 – 10/31/2023	Nuclear Med
78290	Meckel's diverticulum imaging	04/15/1999 – 10/31/2023	Nuclear Med
78291	Leveen shunt patency exam	04/15/1999 – 10/31/2023	Nuclear Med
78299	Unlisted gastrointestinal procedure	05/06/2002	Nuclear Med
78300	Bone or joint imaging ltd	04/15/1999	Nuclear Med
78305	Bone or joint imaging multiple	04/15/1999	Nuclear Med
78306	Bone scan whole body	04/15/1999	Nuclear Med
78315	Bone scan 3 phase study	04/15/1999	Nuclear Med
78399	Unlisted musculoskeletal procedure	04/15/1999	Nuclear Med
78414	Non-imaging heart function	04/15/1999 – 10/31/2023	Nuclear Med
78428	Cardiac shunt imaging	04/15/1999 – 10/31/2023	Nuclear Med
78429	Myocardial imaging, positron emission 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	08/01/2020	PET Scan
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	08/01/2020	PET Scan
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	08/01/2020	PET Scan
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 (e.g., myocardial viability)	08/01/2020	PET Scan
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 (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan	08/01/2020	PET Scan
78445	Radionuclide venogram non-cardiac	04/15/1999 – 10/31/2023	Nuclear Med
78456	Acute venous thrombosis imaging, peptide	06/01/2003 – 10/31/2023	Nuclear Med

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78457	Venous thrombosis imaging unilateral	04/15/1999 – 10/31/2023	Nuclear Med
78458	Venous thrombosis images, bilateral	04/15/1999 – 10/31/2023	Nuclear Med
78466	Myocardial infarction scan	04/15/1999	Nuclear Med
78468	Heart infarct image EF	04/15/1999	Nuclear Med
78469	Heart infarct image 3-D	04/15/1999	Nuclear Med
78472	Gated heart, resting	04/15/1999	Nuclear Med
78473	Cardiac blood pool muga scan	04/15/1999	Nuclear Med
78481	Heart first pass single	04/15/1999	Nuclear Med
78483	Cardiac blood pool imaging-multiple	04/15/1999	Nuclear Med
78494	Cardiac blood pool imaging, spect	04/15/1999	Nuclear Med
78496	Cardiac Blood Pool Imaging - Single study @ rest (Use with 78472)	04/15/1999	Nuclear Med
78499	Unlisted cardiovascular nuclear exam	04/15/1999	Nuclear Med
78579	Pulmonary ventilation imaging (e.g., aerosol or gas)	01/01/2012	Nuclear Med
78580	Pulmonary perfusion imaging	04/15/1999	Nuclear Med
78582	Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging	01/01/2012	Nuclear Med
78597	Quantitative differential pulmonary perfusion, including imaging when performed	01/01/2012	Nuclear Med
78598	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed	01/01/2012	Nuclear Med
78599	Unlisted respiratory nuclear exam	04/15/1999	Nuclear Med
78600	Brain imaging, less than 4 static views	04/15/1999 – 10/31/2023	Nuclear Med
78601	Brain imaging and flow, less than 4 static views	04/15/1999 – 10/31/2023	Nuclear Med
78605	Brain imaging, minimum 4 static views	04/15/1999 – 10/31/2023	Nuclear Med
78606	Brain imaging and flow, minimum 4 static views	04/15/1999 – 10/31/2023	Nuclear Med
78608	Brain imaging, positron emission tomography (PET) metabolic evaluation	04/15/1999	PET Scan
78609	Brain imaging, positron emission tomography (PET) metabolic evaluation, perfusion evaluation	04/15/1999	PET Scan
78610	Brain flow imaging only	04/15/1999 – 10/31/2023	Nuclear Med
78630	Cisternogram (cerebrospinal fluid flow)	04/15/1999 – 10/31/2023	Nuclear Med
78635	Cerebrospinal ventriculography	04/15/1999 – 10/31/2023	Nuclear Med
78645	CSF Shunt evaluation	04/15/1999 – 10/31/2023	Nuclear Med
78650	CSF Leakage detection and localization	04/15/1999 – 10/31/2023	Nuclear Med
78660	Radiopharmaceutical dacryocystography	04/15/1999 – 10/31/2023	Nuclear Med

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78699	Unlisted diagnostic nuclear med procedure	04/15/1999	Nuclear Med
78700	Kidney imaging (static)	04/15/1999 – 10/31/2023	Nuclear Med
78701	Kidney imaging w/ vascular flow	04/15/1999 – 10/31/2023	Nuclear Med
78707	Kidney imaging w/ vascular flow & function single study w/o pharm. intervention	04/15/1999	Nuclear Med
78708	Kidney imaging single study w/ pharm. intervention	04/15/1999	Nuclear Med
78709	Kidney imaging- multiple studies w & w/o pharm. intervention	04/15/1999	Nuclear Med
78725	Kidney function study - non-imaging radioisotopic	04/15/1999 – 10/31/2023	Nuclear Med
78730	Urinary bladder residual study	04/15/1999 – 10/31/2023	Nuclear Med
78740	Ureteral reflux study	04/15/1999 – 10/31/2023	Nuclear Med
78761	Testicular imaging w/ vascular flow	04/15/1999 – 10/31/2023	Nuclear Med
78799	Unlisted genitourinary procedure	04/15/1999	Nuclear Med
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (e.g., head, neck, chest, pelvis), single day imaging	04/15/1999	Nuclear Med
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 (e.g., abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	04/15/1999	Nuclear Med
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	04/15/1999	Nuclear Med
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 (e.g., head, neck, chest, pelvis) or acquisition, single day imaging	04/15/1999	Nuclear Med
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	04/01/2004	Nuclear Med
78811	PET imaging; limited area (e.g., chest, head/neck)	01/01/2005	PET Scan
78812	PET imaging; skull base to mid-thigh	01/01/2005	PET Scan
78813	PET imaging; whole body	01/01/2005	PET Scan
78814	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	01/01/2005	PET Scan

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78815	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	01/01/2005	PET Scan
78816	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	01/01/2005	PET Scan
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 (e.g., head, neck, chest, pelvis) or acquisition, single day imaging	01/01/2020	CT Scan
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 (e.g., pelvis and knees, chest and abdomen) or separate acquisitions (e.g., lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	01/01/2020	CT Scan
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 (e.g., pelvis and knees, chest and abdomen) or separate acquisitions (e.g., lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	01/01/2020	CT Scan
78999	Unlisted misc. procedure	04/15/1999	Nuclear Med
C8900	Magnetic resonance angiography with contrast, abdomen	11/01/2015 - 10/31/2023	MRI
C8901	Magnetic resonance angiography without contrast, abdomen	11/01/2015 - 10/31/2023	MRI
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	11/01/2015 - 10/31/2023	MRI
C8903	Magnetic resonance imaging with contrast, breast; unilateral	11/01/2015 - 10/31/2023	MRI
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	11/01/2015 - 10/31/2023	MRI
C8906	Magnetic resonance imaging with contrast, breast; bilateral	11/01/2015 - 10/31/2023	MRI
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	11/01/2015 - 10/31/2023	MRI
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	11/01/2015 - 10/31/2023	MRI
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	11/01/2015 - 10/31/2023	MRI
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	11/01/2015 - 10/31/2023	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
C8912	Magnetic resonance angiography with contrast, lower extremity	11/01/2015 - 10/31/2023	MRI
C8913	Magnetic resonance angiography without contrast, lower extremity	11/01/2015 - 10/31/2023	MRI
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	11/01/2015 - 10/31/2023	MRI
C8918	Magnetic resonance angiography with contrast, pelvis	11/01/2015 - 10/31/2023	MRI
C8919	Magnetic resonance angiography without contrast, pelvis	11/01/2015 - 10/31/2023	MRI
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	11/01/2015 - 10/31/2023	MRI
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	11/01/2015 - 10/31/2023	MRI
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	11/01/2015 - 10/31/2023	MRI
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	11/01/2015 - 10/31/2023	MRI
C8934	Magnetic resonance angiography with contrast, upper extremity	11/01/2015 - 10/31/2023	MRI
C8935	Magnetic resonance angiography without contrast, upper extremity	11/01/2015 - 10/31/2023	MRI
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	11/01/2015 - 10/31/2023	MRI
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	06/01/2020	MRI
G0235	PET imaging, any site, not otherwise specified	04/01/2009	PET Scans
G0252	PET, full and partial ring PET Scanners only for initial diagnosis of breast cancer and/or surgical planning for breast cancer	06/01/2003	PET Scans
S8037	Magnetic resonance cholangiopancreatography (MRCP)	04/01/2009	MRI
S8042	Magnetic resonance imaging (MRI), low-field	04/01/2009 - 10/31/2023	MRI
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	04/01/2009	Nuclear Med
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	04/01/2009 – 10/31/2023	PET Scans

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Policy History/Revision Information

Date	Summary of Changes
07/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Updated reference link to the <i>Oxford Radiology Prior Notification/ Authorization Crosswalk Table</i>

Date	Summary of Changes
	<p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version RADIOLOGY 037.38

Instructions for Use

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