

RADIOLOGY PROGRAM

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This chapter contains information about our diagnostic imaging management program for outpatient radiology services, including prior approval and radiology scheduling procedures, for all members.

OVERVIEW

The EmblemHealth Radiology Program, developed with eviCore, provides diagnostic imaging management for outpatient radiology services. Services targeted for utilization management depend on the EmblemHealth benefit plan. eviCore also conducts clinical standard and expedited appeals (excluding members with Medicare plans).

Assessment and Certification

All radiologists and non-radiologists participating in our radiology programs undergo a comprehensive site visit, as well as evaluation of equipment, technical staff credentials, continuing education, equipment maintenance records and operating policies. They may also be required to complete the appropriate assessment and certification forms. This process is based on nationally recognized requirements of the American Institute of Ultrasound in Medicine, the American College of Radiology and The Joint Commission.

Film Review

Practitioners' film images must comply with the high standards of the American College of Radiology. At least once every two years, practitioners may be required to provide EmblemHealth and/or eviCore with requested materials for an independent review and professional interpretation of films. For this review, we randomly select a sampling of patient studies. At least two board-certified radiologists then assess these studies for technical quality and diagnostic interpretation.

MEMBERS EXEMPT FROM THE EMBLEMHEALTH RADIOLOGY PROGRAM

As of January 1, 2018, ACPNY members are no longer exempt from the EmblemHealth Radiology Program. eviCore now provides utilization management (prior approval) for ACPNY radiology services. The referring provider will need to contact eviCore to get the prior approval.

As of August 20, 2018, members assigned to a PCP affiliated with St. Barnabas Hospital are no longer exempt from the EmblemHealth Radiology Program. eviCore now provides utilization management (prior approval) for these members. The referring provider will need to contact eviCore to get the prior approval.

While most of our members' covered radiology services are managed by eviCore, the following exceptions apply:

- Members whose care is managed by Montefiore Medical Group (CMO) or HealthCare

Partners (HCP) must contact the applicable organization for prior approval. Check the member's ID card or eligibility information on **emblemhealth.com** to determine whether HIP, CMO, or HCP is the managing entity responsible for managing a member's care; if HIP is the managing entity, then eviCore is the organization to contact for prior approval.

- Effective January 1, 2018, this exemption no longer applies for:
 - Members who selected a PCP assigned to ACPNY. The prior approval request must be entered on **emblemhealth.com**.
- Effective August 20, 2018, this exemption no longer applies for:
 - Members who selected a physician affiliated with the St. Barnabas Hospital System. The prior approval request must be entered on **emblemhealth.com**.

PRIOR APPROVAL PROCEDURES

Services Requiring Prior Approval

Services Requiring Prior Approval

Please refer to the charts later in this chapter for a list of services (and CPT-4 codes) that require prior approval:

HIP, EmblemHealth CompreHealth EPO (Retired August 1, 2018), EmblemHealth Medicare HMO and Vytra EmblemHealth EPO/PPO and EmblemHealth Medicare PPO

Each procedure requires a separate prior approval. Prior approvals are specific to the CPT-4 code and site location. They are valid for 45 days from the approval date.

Prior approval is required for services performed in the following places of service:

- Outpatient hospital facilities
- Freestanding radiology facilities
- Radiology office-based settings
- Non-radiology office-based settings

Neither prior approval nor referral is required for:

- Inpatient hospitalization
- Services rendered in hospital emergency departments
- Services provided when one of EmblemHealth's companies is the secondary insurer
- Pulmonary perfusion imaging

The following services do not require prior approval but may require a referral from the member's PCP:

- Basic X-rays
- Mammograms
- Bone density tests

Who Requests Prior Approval

It is the responsibility of the referring practitioner (i.e., the practitioner developing the patient's

treatment plan) to obtain the prior approval before services are rendered. If the referring and rendering practitioners are different, the rendering practitioner is encouraged to confirm that a prior approval is on file before services are rendered. The rendering practitioner is ultimately responsible for ensuring that all applicable radiology imaging procedures at the applicable service location have received all necessary prior approvals.

How To Obtain Prior Approval

Before requesting prior approval from please have the patient's medical records on hand and complete the request form specific to the procedure being requested. These request forms are available at the links below and at **evicore.com**. They list all clinical questions the practitioner must answer during the initial prior approval review.

For MRI, **General Use Clinical Certification Request Form**

For CT Scan, **CT/CTA Clinical Certification Request Form**

For PET Scan, **PET Scan Clinical Certification Request Form**

For MR/MRAs, **MR/MRA Clinical Certification Request Form**

Once the form is complete, submit prior approval requests in one of three ways:

Online: Visit **www.evicore.com**. To submit online requests, the ordering physician must be a registered user. To register for a user ID and password, visit **www.evicore.com** and click the "Register" button.

By phone: Call **1-866-417-2345** for GHI HMO, HIP and EmblemHealth CompreHealth EPO (Retired August 1, 2018) and Vytra plan members. Call **1-800-835-7064** for EmblemHealth EPO/PPO and EmblemHealth Medicare PPO plan members. Representatives are available Monday through Friday, from 7 am to 7 pm, EST. The program is closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day.

By fax: Fax the completed request form to **1-800-540-2406**.

Please have the following information available when you call:

- The completed form, as noted above
- The patient's full name, member ID number and insurance information
- The exam(s) requested for the patient
- The working diagnosis or rule-out
- The signs and symptoms that call for the exam, as well as their duration
- Any previous imaging studies performed, corresponding results or pertinent lab results
- History of prior treatment methods, drugs, surgery or other therapies, as well as duration of prior treatment
- Any other information indicating the need for the exam

Expedited Approval Requests

evicore.com cannot be used for expedited approval requests. These requests must be processed through the call center. Call **1-866-417-2345** for GHI HMO, HIP, EmblemHealth CompreHealth

EPO (Retired August 1, 2018), EmblemHealth Medicare HMO, and Vytra plan members. Call **1-800-835-7064** for EmblemHealth EPO/PPO and EmblemHealth Medicare PPO plan members. Utilization review staff is available 24 hours a day, 7 days a week. The program is closed New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving and Christmas Day.

Urgent Requests

If the treatment is medically urgent and must be performed outside business hours, the physician may deliver treatment and must submit the prior approval request (with supporting clinical documentation) within two (2) business days. Urgent requests are reviewed against medical necessity criteria, and an approval is issued as long as the request meets these medical necessity criteria. Urgent requests will be completed within 24 hours of receiving the request. evicore.com cannot be used for urgent approval requests. These requests must be processed through the call center. Call **1-866-417-2345** for GHI HMO, HIP, EmblemHealth CompreHealth EPO (Retired August 1, 2018), EmblemHealth Medicare HMO and Vytra plan members. Call **1-800-835-7064** for EmblemHealth EPO/PPO and EmblemHealth Medicare PPO plan members. Utilization review staff is available 24 hours a day, 7 days a week. The program is closed New Year's Day, Memorial Day, Independence Day, Labor Day.

Non-Urgent Requests

Non-urgent requests will be completed within three (3) business days of receiving all necessary information, or within the time frames otherwise required by the member's benefit plan (see **Standard Pre-Service Review** in the Care Management chapter). In most cases, the staff will review and determine prior approvals during the initial phone call, as long as all the required information is provided. The review and determination processes may, however, take longer if member or practitioner eligibility verification is required, or if the request requires additional clinical review (see **Standard Pre-Service Review** in the Care Management chapter).

A physician with office hours later than the call center's may initiate a case through evicore.com which will be processed on the next business day.

Modifying a Prior Approval Request

If it becomes necessary to change or update the procedure after prior approval is obtained, the program must be contacted no later than 48 hours after the modified procedure is performed. If the prior approval for the treatment plan is not updated and the claim does not match the authorized procedures, the claim will be denied for payment, with no liability to the member.

Verifying the Prior Approval Status

To verify the status of a prior approval request, either call the applicable number below or visit the Authorization Lookup section at evicore.com.

Call **1-866-417-2345** for GHI HMO, HIP, EmblemHealth CompreHealth EPO (Retired August 1, 2018), EmblemHealth Medicare HMO and Vytra plan members. Call **1-800-835-7064** for EmblemHealth EPO/PPO and EmblemHealth Medicare PPO plan members.

Note: While the program may approve or deny a prior approval request, this determination is based on medical necessity only. Always verify member eligibility, benefits and copayments with EmblemHealth directly at www.emblemhealth.com.

Determination Disagreement

If the referring physician disagrees with the determination, contact the Peer-to-Peer Consultation Line to discuss the case with a medical director. Call **1-866-417-2345** for GHI HMO, HIP, EmblemHealth CompreHealth EPO (Retired August 1, 2018), EmblemHealth Medicare HMO and Vytra plans. Call **1-800-835-7064** for EmblemHealth EPO/PPO and EmblemHealth Medicare PPO plan members.

Claims will be denied and the member will not be liable for payment if:

- A prior approval was required but not obtained for the CPT-4 code performed.
- Procedures are performed at a service location other than the address on the prior approval issued.

Radiology Program Prior Approval Code List For HIP, EmblemHealth CompreHealth EPO and EmblemHealth Medicare HMO

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
70336	MAGNETIC RESONANCE IMAGING TMJ
70450	COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT CONTRAST
70460	COMPUTED TOMOGRAPHY HEAD/BRAIN WITH CONTRAST
70470	COMPUTED TOMOGRAPHY HEAD/BRAIN WITHOUT AND WITH CONTRAST
70480	COMPUTED TOMOGRAPHY ORBIT WITHOUT CONTRAST
70481	COMPUTED TOMOGRAPHY ORBIT WITH CONTRAST
70482	COMPUTED TOMOGRAPHY ORBIT WITHOUT AND WITH CONTRAST
70486	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT CONTRAST
70487	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITH CONTRAST
70488	COMPUTED TOMOGRAPHY MAXILLOFACIAL WITHOUT AND WITH CONTRAST

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
70490	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST
70491	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITH CONTRAST
70492	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT AND WITH CONTRAST
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK
70540	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITHOUT CONTRAST
70542	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITH CONTRAST
70543	MAGNETIC RESONANCE IMAGING FACE, ORBIT, NECK WITH AND WITHOUT CONTRAST
70544	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST
70545	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST
70546	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH AND WITHOUT CONTRAST
70547	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST
70548	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST
70549	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH AND WITHOUT CONTRAST
70551	MAGNETIC RESONANCE IMAGING HEAD WITHOUT CONTRAST
70552	MAGNETIC RESONANCE IMAGING HEAD WITH CONTRAST
70553	MAGNETIC RESONANCE IMAGING HEAD WITH AND WITHOUT CONTRAST
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MAGNETIC RESONANCE IMAGING; INCLUDING TEST SELECTION

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
	AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MAGNETIC RESONANCE IMAGING; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING
71250	COMPUTED TOMOGRAPHY THORAX WITHOUT CONTRAST
71260	COMPUTED TOMOGRAPHY THORAX WITH CONTRAST
71270	COMPUTED TOMOGRAPHY THORAX WITHOUT AND WITH CONTRAST
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST, NON-CORONARY
71550	MAGNETIC RESONANCE IMAGING CHEST WITHOUT CONTRAST
71551	MAGNETIC RESONANCE IMAGING CHEST WITH CONTRAST
71552	MAGNETIC RESONANCE IMAGING CHEST WITH AND WITHOUT CONTRAST
71555	MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXC MYOCARDIUM) WITH OR WITHOUT CONTRAST
72125	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST
72126	COMPUTED TOMOGRAPHY CERVICAL SPINE WITH CONTRAST
72127	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT AND WITH CONTRAST
72128	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST
72129	COMPUTED TOMOGRAPHY THORACIC SPINE WITH CONTRAST
72130	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT AND WITH CONTRAST

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
72131	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST
72132	COMPUTED TOMOGRAPHY LUMBAR SPINE WITH CONTRAST
72133	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT AND WITH CONTRAST
72141	MAGNETIC RESONANCE IMAGING CERVICAL SPINE WITHOUT CONTRAST
72142	MAGNETIC RESONANCE IMAGING CERVICAL SPINE WITH CONTRAST
72146	MAGNETIC RESONANCE IMAGING THORACIC SPINE WITHOUT CONTRAST
72147	MAGNETIC RESONANCE IMAGING THORACIC SPINE WITH CONTRAST
72148	MAGNETIC RESONANCE IMAGING LUMBAR SPINE WITHOUT CONTRAST
72149	MAGNETIC RESONANCE IMAGING LUMBAR SPINE WITH CONTRAST
72156	MAGNETIC RESONANCE IMAGING C SPINE WITH AND WITHOUT CONTRAST
72157	MAGNETIC RESONANCE IMAGING T SPINE WITH AND WITHOUT CONTRAST
72158	MAGNETIC RESONANCE IMAGING L SPINE WITH AND WITHOUT CONTRAST
72159	MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL WITH OR WITHOUT CONTRAST
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS
72192	COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST
72193	COMPUTED TOMOGRAPHY PELVIS WITH CONTRAST
72194	COMPUTED TOMOGRAPHY PELVIS WITHOUT AND WITH CONTRAST
72195	MAGNETIC RESONANCE IMAGING PELVIS WITHOUT CONTRAST

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
72196	MAGNETIC RESONANCE IMAGING PELVIS WITH CONTRAST
72197	MAGNETIC RESONANCE IMAGING PELVIS WITH AND WITHOUT CONTRAST
72198	MAGNETIC RESONANCE ANGIOGRAPHY PELVIS WITH OR WITHOUT CONTRAST
73200	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST
73201	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITH CONTRAST
73202	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT AND WITH CONTRAST
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY
73218	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITHOUT CONTRAST
73219	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITH CONTRAST
73220	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY WITH AND WITHOUT CONTRAST
73221	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITHOUT CONTRAST
73222	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITH CONTRAST
73223	MAGNETIC RESONANCE IMAGING UPPER EXTREMITY JOINT WITH AND WITHOUT CONTRAST
73225	MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY WITH OR WITHOUT CONTRAST
73700	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST
73701	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITH CONTRAST
73702	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT AND WITH

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
	CONTRAST
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY
73718	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITHOUT CONTRAST
73719	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITH CONTRAST
73720	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY WITH AND WITHOUT CONTRAST
73721	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITHOUT CONTRAST
73722	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITH CONTRAST
73723	MAGNETIC RESONANCE IMAGING LOWER EXTREMITY JOINT WITH AND WITHOUT CONTRAST
73725	MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY WITH OR WITHOUT CONTRAST
74150	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST
74160	COMPUTED TOMOGRAPHY ABDOMEN WITH CONTRAST
74170	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT AND WITH CONTRAST
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
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
74181	MAGNETIC RESONANCE IMAGING ABDOMEN WITHOUT CONTRAST
74182	MAGNETIC RESONANCE IMAGING ABDOMEN WITH CONTRAST
74183	MAGNETIC RESONANCE IMAGING ABDOMEN WITH AND WITHOUT CONTRAST
74185	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN WITH OR WITHOUT CONTRAST
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMINAL AORTA
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
76380	COMPUTED TOMOGRAPHY LIMITED OR LOCALIZED FOLLOW-UP STUDY
76390	MAGNETIC RESONANCE IMAGING SPECTROSCOPY
76801	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, FIRST TRIMESTER < 14 WEEKS SINGLE OR FIRST GESTATION
76802	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, FIRST TRIMESTER < 14 WEEKS EACH ADDITIONAL GESTATION
76805	ULTRASOUND OBSTETRICAL PELVIS, PREGNANT UTERUS, B-SCAN (ALLOWED ONCE PER GESTATION)
76810	ULTRASOUND OBSTETRICAL PELVIS COMPLETE, MULTIPLE GESTATION AFTER 1ST TRIMESTER (ALLOWED ONCE FOR EACH ADDITIONAL FETUS PER GESTATION; MUST BE BILLED WITH 76805)
76811	ULTRASOUND PREGNANT UTERUS FETAL AND MATERNAL EVAL PLUS ULTRASOUND FETAL ANATOMIC EVAL TRANSABDOMINAL SINGLE OR FIRST GESTATION (ALLOWED ONCE PER GESTATION; SECOND STUDY ALLOWED IF PERFORMED BY A DIFFERENT PHYSICIAN)
76812	ULTRASOUND PREGNANT UTERUS FETAL AND MATERNAL EVAL PLUS ULTRASOUND FETAL ANATOMIC EVAL TRANSABDOMINAL EACH ADDITIONAL GESTATION (ALLOWED ONCE FOR EACH ADDITIONAL FETUS ULTRASOUND PER GESTATION; MUST BE BILLED WITH 76811; SECOND STUDY ALLOWED IF PERFORMED BY A DIFFERENT PHYSICIAN)
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION (ALLOWED ONCE PER GESTATION)
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
	TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (ALLOWED ONCE FOR EACH ADDITIONAL FETUS PER GESTATION)
76815	ULTRASOUND PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES
76816	ULTRASOUND OBSTETRICAL PELVIS FOLLOW-UP OR REPEAT
76817	ULTRASOUND PREGNANT UTERUS TRANSVAGINAL
76818	FETAL BIOPHYSICAL PROFILE
76819	FETAL BIOPHYSICAL PROFILE WITHOUT STRESS NON STRESS
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY
76825	ULTRASOUND OBSTETRICAL ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM
76826	FOLLOW-UP OR REPEAT STUDY
76827	DOPPLER ECHOCARDIOGRAPHY FETAL COMPLETE
76828	FOLLOW-UP OR REPEAT STUDY
76975	ULTRASOUND GASTROINTESTINAL, ENDOSCOPIC
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR AND MONITORING OF TISSUE ABLATION

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
77058	MAGNETIC RESONANCE IMAGING BREAST WITH AND/OR WITHOUT CONTRAST; UNILATERAL
77059	MAGNETIC RESONANCE IMAGING BREAST BILATERAL
77084	MAGNETIC RESONANCE IMAGING BONE MARROW BLOOD SUPPLY
78000	THYROID RAI UPTAKE
78001	THYROID MULTIPLE UPTAKE
78003	THYROID SUPPRESS OR STIMULATION
78006	THYROID UPTAKE AND SCAN
78007	THYROID IMAGE, MULTIPLE UPTAKES
78010	THYROID SCAN ONLY
78011	THYROID IMAGING WITH FLOW
78015	THYROID MET IMAGING
78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES
78018	THYROID SCAN WHOLE BODY
78020	THYROID CARCINOMA METASTASES UPTAKE
78070	PARATHYROID NUCLEAR IMAGING
78075	ADRENAL NUCLEAR IMAGING
78102	BONE MARROW IMAGING, LIMITED
78103	BONE MARROW IMAGING, MULTIPLE
78104	BONE MARROW IMAGING, WHOLE BODY
78185	SPLEEN IMAGING WITH OR WITHOUT VASCULAR FLOW
78195	LYMPH SYSTEM IMAGING
78201	LIVER IMAGING
78202	LIVER IMAGING WITH FLOW
78205	LIVER IMAGING SPECT

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
78206	LIVER IMAGING SPECT WITH VASCULAR FLOW
78215	LIVER AND SPLEEN IMAGING
78216	LIVER AND SPLEEN IMAGING WITH FLOW
78226	LIVER FUNCTION STUDY
78227	HIDA SCAN
78230	SALIVARY GLAND IMAGING
78231	SERIAL SALIVARY GLAND
78232	SALIVARY GLAND FUNCTION TEST
78258	ESOPHAGUS MOTILITY STUDY
78261	GASTRIC MUCOSA IMAGING
78262	GASTROESOPHAGEAL REFLUX EXAM
78264	GASTRIC EMPTYING STUDY
78278	GI BLEEDER SCAN
78282	GI PROTEIN LOSS EXAM
78290	MECKEL'S DIVERTICULUM IMAGING
78291	LEVEEN SHUNT PATENCY EXAM
78300	BONE OR JOINT IMAGING LIMITED
78305	BONE OR JOINT IMAGING MULTIPLE
78306	BONE SCAN WHOLE BODY
78315	BONE AND/OR JOINT IMAGING; 3 PHASE STUDY
78320	BONE JOINT IMAGING TOMO TEST SPECT
78414	NON-IMAGING HEART FUNCTION
78428	CARDIAC SHUNT IMAGING
78445	RADIONUCLIDE VENOGRAM NON-CARDIAC
78456	ACUTE VENOUS THROMBOSIS IMAGING
78457	VENOUS THROMBOSIS IMAGING UNILATERAL

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
78458	VENOUS THROMBOSIS IMAGING BILATERAL
78466	MYOCARDIAL INFARCTION SCAN
78468	HEART INFARCT IMAGE EF
78469	HEART INFARCT IMAGE SPECT
78472	GATED HEART, REST OR STRESS
78473	CARDIAC BLOOD POOL MUGA SCAN
78481	HEART FIRST PASS SINGLE
78483	CARDIAC BLOOD POOL IMAGING, MULTIPLE
78494	CARDIAC BLOOD POOL IMAGING, SPECT
78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST
78579	PULMONARY VENTILATION IMAGING (E.G., AEROSOL OR GAS)
78580	PULMONARY PERFUSION IMAGING
78582	PULMONARY VENTILATION (E.G., AEROSOL OR GAS) AND PERFUSION IMAGING
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING, WHEN PERFORMED
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (E.G., AEROSOL OR GAS), INCLUDING IMAGING, WHEN PERFORMED
78600	BRAIN IMAGING LIMITED STATIC
78601	BRAIN LIMITED IMAGING AND FLOW
78605	BRAIN IMAGING COMPLETE
78606	BRAIN IMAGING COMPLETE WITH FLOW
78607	BRAIN IMAGING SPECT
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION EVALUATION
78610	BRAIN FLOW IMAGING ONLY
78630	CISTERNOGRAM (CEREBROSPINAL FLUID FLOW)
78635	CEREBROSPINAL VENTRICULOGRAPHY
78645	CEREBROSPINAL FLUID FLOW SHUNT EVALUATION
78647	CEREBROSPINAL FLUID SCAN SPECT
78650	CEREBROSPINAL FLUID FLOW LEAKAGE DETECTION AND LOCALIZATION
78660	RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY
78700	KIDNEY IMAGING MORPHOLOGY
78701	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW
78707	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION STUDY
78708	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, SINGLE WITH PHARM INTERVENTION
78709	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW, MULTIPLE, WITHOUT AND WITH PHARM INTERVENTION
78710	KIDNEY IMAGING, SPECT
78725	KIDNEY FUNCTION STUDY, NON-IMAGE RADIOISOTROPIC
78730	URINARY BLADDER RESIDUAL STUDY
78740	URETERAL REFLUX STUDY
78761	TESTICULAR IMAGING WITH VASCULAR FLOW
78800	RADIOPHARM LOCALIZATION OF TUMOR, LIMITED AREA
78801	RADIOPHARM LOCALIZATION OF TUMOR, MULTIPLE AREAS

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
78802	RADIOPHARM LOCALIZATION OF TUMOR, WHOLE BODY
78803	RADIOPHARM LOCALIZATION OF TUMOR, SPECT
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING
78805	RADIOPHARM LOCALIZATION OF ABSCESS, LIMITED AREA
78806	RADIOPHARM LOCALIZATION OF ABSCESS, WHOLE BODY
78807	RADIOPHARM LOCALIZATION OF ABSCESS, SPECT
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, ABDOMEN
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL
C8905	MAGNETIC RESONANCE IMAGING WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL
C8908	MAGNETIC RESONANCE IMAGING WITH AND WITHOUT CONTRAST, BREAST; BILATERAL
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, LOWER EXTREMITY

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR HIP, EMBLEMHEALTH COMPREHEALTH EPO (RETIRED AUGUST 1, 2018), EMBLEMHEALTH MEDICARE HMO AND VYTRA	
Radiology CPT Code	Procedure Description
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITH AND WITHOUT CONTRAST, PELVIS
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY

Note: This program does not change members' benefits, nor does it change claim submission procedures for providers with a current direct contract with one of EmblemHealth's companies. Radiologists directly contracted with eviCore are now required to submit claims to eviCore.

Radiology Program Prior Approval Code List For EmblemHealth EPO/PPO and EmblemHealth Medicare PPO

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI EPO/PPO, EMBLEMHEALTH EPO/PPO AND EMBLEMHEALTH MEDICARE PPO EFFECTIVE OCTOBER 1, 2012	
Radiology CPT Code	Procedure Description
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY (crosswalked to 73225)
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY (crosswalked to 73225)

Deleted EmblemHealth Radiology Program Codes

The following codes may no longer be billed for services rendered in 2011 and 2012. Please reference these codes for older claims.

DELETED EMBLEMHEALTH RADIOLOGY PROGRAM CODES		
APPLICABLE TO ALL PLANS IN PROGRAM PROCEDURES THAT REQUIRED PRIOR APPROVAL, CPT-4 LIST FOR REFERENCE FOR CLAIMS WITH DATES OF SERVICE FROM 1/1/2011 TO 12/31/2011		
PLEASE DO NOT USE FOR YOUR CURRENT (2012) CLAIMS BILLING.		
NUCLEAR MEDICINE		
CPT-4 Code	Procedure Description	Note
78596	LUNG DIFFERENTIAL FUNCTION	Code deleted 1/1/12 - use 78598
78220	LIVER FUNCTION STUDY	Code deleted 1/1/12 - use new code 78226
78223	HIDA SCAN	Code deleted 1/1/12 - use new code 78227
78586	PULMONARY VENTILATION IMAGING	Code deleted 1/1/12, use 78579
78587	PULMONARY VENTILATION MULTI	Code deleted 1/1/12, use 78579
78591	VENT IMAGE 1 BREATH, 1 PROJECTION	Code deleted 1/1/12, use 78579
78593	VENT IMAGE 1 PROJECTION, GAS	Code deleted 1/1/12, use 78579
78594	VENT IMAGE MULTI PROJECTION, GAS	Code deleted 1/1/12, use 78579
78584	PULMONARY PERFUSION WITH VENT SINGLE BREATH	Code deleted 1/1/12, use 78582
78585	PULMONARY PERFUSION W/ WASHOUT OR W/O SINGLE BREATH	Code deleted 1/1/12, use 78582
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, 1 OR MULTIPLE PROJECTIONS	Code deleted 1/1/12, use 78582

Radiology Program Prior Approval Code List For GHI HMO - RETIRED

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
70336	MRI TMJ

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
70450	CT HEAD/BRAIN W/O CONTRAST
70460	CT HEAD/BRAIN W/ CONTRAST
70470	CT HEAD/BRAIN W/O & W/ CONTRAST
70480	CT ORBIT W/O CONTRAST
70481	CT ORBIT W/ CONTRAST
70482	CT ORBIT W/O & W/ CONTRAST
70486	CT MAXLLFCL W/O CONTRAST
70487	CT MAXLLFCL W/ CONTRAST
70488	CT MAXLLFCL W/O & W/ CONTRAST
70490	CT SOFT TISSUE NECK W/O CONTRAST
70491	CT SOFT TISSUE NECK W/ CONTRAST
70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST
70496	CT ANGIOGRAPHY HEAD
70498	CT ANGIOGRAPHY NECK
70540	MRI FACE, ORBIT, NECK W/O CONTRAST
70542	MRI FACE, ORBIT, NECK W/ CONTRAST
70543	MRI FACE, ORBIT, NECK W/ & W/O CONTRAST
70544	MRA HEAD W/O CONTRAST
70545	MRA HEAD W/ CONTRAST
70546	MRA HEAD W/ & W/O CONTRAST
70547	MRA NECK W/O CONTRAST
70548	MRA NECK W/ CONTRAST
70549	MRA NECK W/ & W/O CONTRAST
70551	MRI HEAD W/O CONTRAST
70552	MRI HEAD W/ CONTRAST
70553	MRI HEAD W/ & W/O CONTRAST
70554	MRI, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
	STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION
70555	MRI, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING
71250	CT THORAX W/O CONTRAST
71260	CT THORAX W/ CONTRAST
71270	CT THORAX W/O & W/ CONTRAST
71275	CT ANGIOGRAPHY CHEST, NON-CORONARY
71550	MRI CHEST W/O CONTRAST
71551	MRI CHEST W/ CONTRAST
71552	MRI CHEST W/ & W/O CONTRAST
71555	MRA CHEST (EXC MYOCARDIUM) W/ OR W/O CONTRAST
72125	CT C SPINE W/O CONTRAST
72126	CT C SPINE W/ CONTRAST
72127	CT C SPINE W/O & W/ CONTRAST
72128	CT T SPINE W/O CONTRAST
72129	CT T SPINE W/ CONTRAST
72130	CT T SPINE W/O & W/ CONTRAST
72131	CT L SPINE W/O CONTRAST
72132	CT L SPINE W/ CONTRAST
72133	CT L SPINE W/O & W/ CONTRAST
72141	MRI CERVICAL SPINE W/O CONTRAST
72142	MRI CERVICAL SPINE W/ CONTRAST
72146	MRI THORACIC SPINE W/O CONTRAST
72147	MRI THORACIC SPINE W/ CONTRAST
72148	MRI LUMBAR SPINE W/O CONTRAST
72149	MRI LUMBAR SPINE W/ CONTRAST
72156	MRI C SPINE W/ & W/O CONTRAST

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
72157	MRI T SPINE W/ & W/O CONTRAST
72158	MRI L SPINE W/ & W/O CONTRAST
72159	MRA SPINAL CANAL W/ OR W/O CONTRAST
72191	CT ANGIOGRAPHY PELVIS
72192	CT PELVIS W/O CONTRAST
72193	CT PELVIS W/ CONTRAST
72194	CT PELVIS W/O & W/ CONTRAST
72195	MRI PELVIS W/O CONTRAST
72196	MRI PELVIS W/ CONTRAST
72197	MRI PELVIS W/ & W/O CONTRAST
72198	MRA PELVIS W/ OR W/O CONTRAST
73200	CT UPPER EXTREMITY W/O CONTRAST
73201	CT UPPER EXTREMITY W/ CONTRAST
73202	CT UPPER EXTREMITY W/O & W/ CONTRAST
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73218	MRI UPPER EXTREMITY W/O CONTRAST
73219	MRI UPPER EXTREMITY W/ CONTRAST
73220	MRI UPPER EXTREMITY W/ & W/O CONTRAST
73221	MRI UPPER EXTREMITY JOINT W/O CONTRAST
73222	MRI UPPER EXTREMITY JOINT W/ CONTRAST
73223	MRI UPPER EXTREMITY JOINT W/ & W/O CONTRAST
73225	MRA UPPER EXTREMITY W/ OR W/O CONTRAST
73700	CT LOWER EXTREMITY W/O CONTRAST
73701	CT LOWER EXTREMITY W/ CONTRAST
73702	CT LOWER EXTREMITY W/O & W/ CONTRAST

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
73706	CT ANGIOGRAPHY LOWER EXTREMITY
73718	MRI LOWER EXTREMITY W/O CONTRAST
73719	MRI LOWER EXTREMITY W/ CONTRAST
73720	MRI LOWER EXTREMITY W/ & W/O CONTRAST
73721	MRI LOWER EXTREMITY JOINT W/O CONTRAST
73722	MRI LOWER EXTREMITY JOINT W/ CONTRAST
73723	MRI LOWER EXTREMITY JOINT W/ & W/O CONTRAST
73725	MRA LOWER EXTREMITY W/ OR W/O CONTRAST
74150	CT ABDOMEN W/O CONTRAST
74160	CT ABDOMEN W/ CONTRAST
74170	CT ABDOMEN W/O & W/ CONTRAST
74174	CT ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING
74175	CT ANGIOGRAPHY ABDOMEN
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS
74181	MRI ABDOMEN W/O CONTRAST
74182	MRI ABDOMEN W/ CONTRAST
74183	MRI ABDOMEN W/ & W/O CONTRAST

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
74185	MRA ABDOMEN W/ OR W/O CONTRAST
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING
75572	CARDIAC CT FOR MORPHOLOGY
75573	CARDIAC CT FOR CONGENITAL HD
75574	CORONARY CTA
75635	CT ANGIOGRAPHY ABDOMINAL AORTA
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
	AN INDEPENDENT WORKSTATION
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION
76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY
76390	MRI SPECTROSCOPY
76801	U/S OB PELVIS, PREGNANT UTERUS, FIRST TRIMESTER < 14 WEEKS SINGLE OR FIRST GESTATION
76802	U/S OB PELVIS, PREGNANT UTERUS, FIRST TRIMESTER < 14 WEEKS EACH ADDITIONAL GESTATION
76805	U/S OB PELVIS, PREGNANT UTERUS, B-SCAN (Allowed once per gestation)
76810	U/S OB PELVIS COMPLETE, MULTIPLE GESTATION AFTER 1ST TRIMESTER (Allowed once for each additional fetus per gestation; must be billed with 76805)
76811	U/S PREGNANT UTERUS FETAL & MATERNAL EVAL PLUS FETAL ANATOMIC EVAL TRANSABDOMINAL SINGLE OR FIRST GESTATION (Allowed once per gestation; second study allowed if performed by a different physician)
76812	U/S PREGNANT UTERUS FETAL & MATERNAL EVAL PLUS FETAL ANATOMIC EVAL TRANSABDOMINAL EACH ADDITIONAL GESTATION (Allowed once for each additional fetus per gestation; must be billed with 76811; second study allowed if performed by a different physician)
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION (Allowed once per gestation)

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
76814	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) (Allowed once for each additional fetus per gestation)
76815	U/S PREGNANT UTERUS, REAL TIME W/ IMAGE DOCUMENTATION, LIMITED (E.G., FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES
76816	U/S OB PELVIS FOLLOW-UP OR REPEAT
76817	U/S PREGNANT UTERUS TRANSVAGINAL
76818	FETAL BIOPHYSICAL PROFILE
76819	FETAL BIOPHYSICAL PROFILE W/O STRESS NON STRESS
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY
76825	U/S OB ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM
76826	FOLLOW-UP OR REPEAT STUDY
76827	DOPPLER ECHOCARDIOGRAPHY FETAL COMPLETE
76828	FOLLOW-UP OR REPEAT STUDY
77021	MRI GUIDANCE FOR NEEDLE PLACEMENT
77058	MRI BREAST W/ AND/OR W/O CONTRAST; UNILATERAL
77059	MRI BREAST BILATERAL
77084	MRI BONE MARROW BLOOD SUPPLY
78000	THYROID RAI UPTAKE
78001	THYROID MULTIPLE UPTAKE

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
78003	THYROID SUPPRESS OR STIMULATION
78006	THYROID UPTAKE AND SCAN
78007	THYROID IMAGE, MULTIPLE UPTAKES
78010	THYROID SCAN ONLY
78011	THYROID IMAGING W/ FLOW
78015	THYROID MET IMAGING
78016	THYROID MET IMAGING WITH ADDITIONAL STUDIES
78018	THYROID SCAN WHOLE BODY
78020	THYROID CARCINOMA METASTASES UPTAKE (add on code - use w/ code 78018 only)
78070	PARATHYROID NUCLEAR IMAGING
78075	ADRENAL NUCLEAR IMAGING
78102	BONE MARROW IMAGING, LIMITED
78103	BONE MARROW IMAGING, MULTIPLE
78104	BONE MARROW IMAGING, WHOLE BODY
78140	LABELED RED CELL SEQUESTRATION
78185	SPLEEN IMAGING W/ OR W/O VASCULAR FLOW
78190	PLATELET SURVIVAL, KINETICS
78191	PLATELET SURVIVAL
78195	LYMPH SYSTEM IMAGING
78201	LIVER IMAGING
78202	LIVER IMAGING W/ FLOW
78205	LIVER IMAGING SPECT
78206	LIVER IMAGING SPECT W/ VASCULAR FLOW
78215	LIVER AND SPLEEN IMAGING
78216	LIVER AND SPLEEN IMAGING W/ FLOW
78220	LIVER FUNCTION STUDY
78223	HIDA SCAN

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RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
78226	LIVER FUNCTION STUDY
78227	HIDA SCAN
78230	SALIVARY GLAND IMAGING
78231	SERIAL SALIVARY GLAND
78232	SALIVARY GLAND FUNCTION TEST
78258	ESOPHAGUS MOTILITY STUDY
78261	GASTRIC MUCOSA IMAGING
78262	GASTROESOPHAGEAL REFLUX EXAM
78264	GASTRIC EMPTYING STUDY
78278	GI BLEEDER SCAN
78282	GI PROTEIN LOSS EXAM
78290	MECKEL'S DIVERTICULUM IMAGING
78291	LEVEEN SHUNT PATENCY EXAM
78300	BONE OR JOINT IMAGING LTD
78305	BONE OR JOINT IMAGING MULTIPLE
78306	BONE SCAN WHOLE BODY
78315	BONE AND/OR JOINT IMAGING; 3 PHASE STUDY
78320	BONE JOINT IMAGING TOMO TEST SPECT
78414	NON-IMAGING HEART FUNCTION
78428	CARDIAC SHUNT IMAGING
78445	RADIONUCLIDE VENOGRAM NON-CARDIAC
78451	MPI, SPECT, SINGLE REST OR STRESS
78452	MPI, SPECT, MULTIPLE, REST OR STRESS
78453	MPI, PLANAR, SINGLE REST OR STRESS
78454	MPI, PLANAR, MULTIPLE, REST OR STRESS
78456	ACUTE VENOUS THROMBOSIS IMAGING
78457	VENOUS THROMBOSIS IMAGING UNILATERAL

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
78458	VENOUS THROMBOSIS IMAGING BILATERAL
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVAL
78466	MYOCARDIAL INFARCTION SCAN
78468	HEART INFARCT IMAGE EF
78469	HEART INFARCT IMAGE SPECT
78472	GATED HEART, REST OR STRESS
78473	CARDIAC BLOOD POOL MUGA SCAN
78481	HEART FIRST PASS SINGLE
78483	CARDIAC BLOOD POOL IMAGING, MULTI
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST OR STRESS
78494	CARDIAC BLOOD POOL IMAGING, SPECT
78496	CARDIAC BLOOD POOL IMAGING, SINGLE AT REST (Use with 78472)
78579	PULMONARY VENTILATION IMAGING (E.G., AEROSOL OR GAS)
78582	PULMONARY VENTILATION (E.G., AEROSOL OR GAS) AND PERFUSION IMAGING
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (E.G., AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED
78600	BRAIN IMAGING LTD STATIC
78601	BRAIN LTD IMAGING AND FLOW
78605	BRAIN IMAGING COMPLETE

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
78606	BRAIN IMAGING COMPLETE W/ FLOW
78607	BRAIN IMAGING SPECT
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION EVALUATION
78610	BRAIN FLOW IMAGING ONLY
78630	CISTERNOGRAM (Cerebrospinal fluid flow)
78635	CEREBROSPINAL VENTRICULOGRAPHY
78645	CSF SHUNT EVALUATION
78647	CEREBROSPINAL FLUID SCAN SPECT
78650	CSF LEAKAGE DETECTION AND LOCALIZATION
78660	RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY
78700	KIDNEY IMAGING MORPHOLOGY
78701	KIDNEY IMAGING MORPHOLOGY W/ VASCULAR FLOW
78707	KIDNEY IMAGING MORPHOLOGY W/ VASCULAR FLOW AND FUNCTION STUDY
78708	KIDNEY IMAGING MORPHOLOGY W/ VASCULAR FLOW AND FUNCTION, SINGLE W/ PHARM INTERVENTION
78709	KIDNEY IMAGING MORPHOLOGY W/ VASCULAR FLOW, MULTI, W/O AND W/ PHARM INTERVENTION
78710	KIDNEY IMAGING, SPECT
78725	KIDNEY FUNCTION STUDY, NON-IMAGE RADIOISOTROPIC
78730	URINARY BLADDER RESIDUAL STUDY
78740	URETERAL REFLUX STUDY
78761	TESTICULAR IMAGING W/ VASCULAR FLOW

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
78800	RADIOPHARM LOCALIZATION OF TUMOR, LIMITED AREA
78801	RADIOPHARM LOCALIZATION OF TUMOR, MULTI AREAS
78802	RADIOPHARM LOCALIZATION OF TUMOR, WHOLE BODY
78803	RADIOPHARM LOCALIZATION OF TUMOR, SPECT
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING
78805	RADIOPHARM LOCALIZATION OF ABSCESS, LIMITED AREA
78806	RADIOPHARM LOCALIZATION OF ABSCESS, WHOLE BODY
78807	RADIOPHARM LOCALIZATION OF ABSCESS, SPECT
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G., CHEST, HEAD/NECK)
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
	ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY
0174T	COMPUTER-AIDED DETECTION (CAD) INCLUDING 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
0175T	COMPUTER-AIDED DETECTION (CAD), INCLUDING 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
C8900	MRA WITH CONTRAST, ABDOMEN (crosswalked to 74185)
C8901	MRA WITHOUT CONTRAST, ABDOMEN (crosswalked to 74185)
C8902	MRA WITH AND WITHOUT CONTRAST, ABDOMEN (crosswalked to 74185)
C8903	MRI WITH CONTRAST, BREAST; UNILATERAL (crosswalked to 77058)
C8904	MRI WITHOUT CONTRAST, BREAST; UNILATERAL (crosswalked to 77058)
C8905	MRI WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL (crosswalked to 77058)
C8906	MRI WITH CONTRAST, BREAST; BILATERAL (crosswalked to 77059)
C8907	MRI WITHOUT CONTRAST, BREAST; BILATERAL (crosswalked to 77059)
C8908	MRI WITH AND WITHOUT CONTRAST, BREAST; BILATERAL (crosswalked to 77059)

RADIOLOGY PROGRAM

RADIOLOGY PROGRAM PRIOR APPROVAL CODE LIST FOR GHI HMO - RETIRED	
EFFECTIVE OCTOBER 1, 2012 UNTIL DECEMBER 31, 2015	
Radiology CPT Code	Procedure Description
C8909	MRA WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555)
C8910	MRA WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555)
C8911	MRA WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) (crosswalked to 71555)
C8912	MRA WITH CONTRAST, LOWER EXTREMITY (crosswalked to 73725)
C8913	MRA WITHOUT CONTRAST, LOWER EXTREMITY (crosswalked to 73725)
C8914	MRA WITH AND WITHOUT CONTRAST, LOWER EXTREMITY (crosswalked to 73725)
C8918	MRA WITH CONTRAST, PELVIS (crosswalked to 72198)
C8919	MRA WITHOUT CONTRAST, PELVIS (crosswalked to 72198)
C8920	MRA WITH AND WITHOUT CONTRAST, PELVIS (crosswalked to 72198)
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS (crosswalked to 72159)
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS (crosswalked to 72159)
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS (crosswalked to 72159)
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY (crosswalked to 73225)
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY (crosswalked to 73225)
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY (crosswalked to 73225)

Formal Dispute Resolution

Please submit to EmblemHealth:

Appeals for Medicare members. Please follow EmblemHealth's standard processes for Medicare members, described in the **Dispute Resolution Medicare chapter**.

Complaints and grievances. Please refer to the Dispute Resolution chapters for **Commercial/CHP** and **Medicaid/HARP**, as applicable.

Please submit to eviCore:

Expedited and standard clinical appeals for Commercial/CHP members and expedited and standard action appeals for Medicaid/HARP members. Appeals may be filed by the member, the member's delegate (including the practitioner acting as the member's delegate) or by practitioners on their own behalf. For a full description of member and practitioner rights regarding clinical and action appeals, see the Dispute Resolution chapters for **Commercial/CHP** and **Medicaid/HARP**, as applicable.

GHIHMO, HIP AND VYTRA RADIOLOGY SCHEDULING PROCEDURE

Plan Participation

Members with HIP as their managing entity (see the member's ID card or eligibility information on **emblemhealth.com**) follow the Radiology Scheduling Procedure.

Scheduling Procedure

When a prior approval request is made, utilization review staff evaluates the requested procedure against the existing criteria and determines its medical necessity.

If the prior approval request is approved, a scheduling representative contacts the member to schedule the procedure at a participating location. Once the location is selected, the medical necessity determination is amended to include an authorization number.

Program staff attempts to contact the member for a 48-hour period. If at the end of that period the scheduling representative is unable to speak with the member, they select a participating imaging facility close to the member's home and send a letter to both the member and the referring practitioner with the contact information for the site selected.

Members may contact the scheduling department at **1-866-699-8131**, Monday through Friday, from 7 am to 7 pm, EST, to schedule a procedure or change the procedure site before the appointment date.

VYTRA PLANS RADIOLOGY PROGRAM FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2016

Overview

Vytra HMO contracted with various groups to provide radiology services for its members. All participating Vytra PCPs designated a radiology center that their Vytra patients used exclusively. The designated radiology center appeared on the ID card of each Vytra member on the PCP's panel.

Designated Radiology Centers

For radiology services to be covered, Vytra plan members used the designated radiology center specified on their Vytra ID card. If no radiology center appeared on the ID card, the member was able to go to any Vytra network radiologist. Participating practitioners sent members directly, without a referral, to the designated radiologist by writing a prescription detailing the test required.

PCPs with more than one office location were able to select a different radiology center for each of their offices.

In the rare instance that the designated radiology center could not meet the member's needs, the practitioner contacted Vytra's Care Management department at **1-888-288-9872** for prior approval to send the member to another facility.

Guarantee Waiver Agreement for Radiology Groups

Radiology centers treating a member outside their designation called Vytra's Provider Service Line at **1-888-288-9872** before rendering services. During this call, the center ensured prior approval was secured and use Vytra's Guarantee Waiver Agreement.

Each member seeking service outside their designated facility signed Vytra's Guarantee Waiver Agreement. This was the only waiver recognized by Vytra. At time of signing, members were advised that they would be responsible for payment of all services performed. Practitioners had the right to withhold service to any member who chose not to sign this waiver.

If the radiology facility rendered services without having a signed waiver, the member was reimbursed for any up-front payment and could not be balance billed. Vytra reserves the right to withhold future payment to the facility until the member was reimbursed.

Changing Designated Radiology Groups

PCPs were able to change their designated radiologist under the following circumstances:

- PCP requested a change and Vytra's Provider Relations department deemed the change to be in the best interest of the PCP's patients (e.g., quality of care related, PCP location change)
- A corporate decision allowed all PCPs to change their designated radiologist
- Administrative purposes (e.g., correction of database)

Quality Issues

All quality-related issues had to be reported to Vytra at **1-888-288-9877** promptly for immediate resolution.

Copies of X-Rays

Copies of X-rays were not reimbursed unless the member received a second opinion for a cancer diagnosis and the practitioner received proper approval. Eligible copies were reimbursed at the then current fee schedule.

Radiation Therapy

Radiation therapy required the hematologist/oncologist to obtain prior approval.

If appropriate, a Care Management representative authorized an initial series of three visits for radiation therapy. Upon completing the initial evaluation, the radiation oncologist contacted Vytra's Care Management department with the findings.

The radiologist then forwarded a copy of the proposed treatment plan to the referring hematologist/oncologist. Specialists were required to communicate with the member's PCP regarding all treatment and follow-up care provided.

DEXA Scans

Vytra reimbursed only radiologists for dual energy X-ray absorptiometry (DEXA) scans. PCPs and specialists other than radiologists were not reimbursed for DEXA scans, regardless of any prior arrangements with or payments from Vytra.

If the member's designated radiologist did not perform DEXAs, the referring physician called Vytra's Care Management department to authorize services at another network radiologist.