

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

Computerized Tomography (CT)	CPT	Service Description	Effective Date	Date Ineffective
Abdomen 6	74150	CT abdomen; w/o contrast	2/1/2007	
	74160	CT abdomen; with contrast	2/1/2007	
	74170	CT abdomen; w/o contrast followed by contrast	2/1/2007	
Abdomen/Pelvis Combination 101	74176	Computed tomography, abdomen and pelvis, without contrast material	1/1/2011	
	74177	Computed tomography, abdomen and pelvis, with contrast	1/1/2011	
	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	1/1/2011	
Chest 5	71250	CT thorax; w/o contrast	2/1/2007	
	71260	CT thorax; with contrast	2/1/2007	
	71270	CT thorax; w/o contrast followed by contrast	2/1/2007	
Upper Extremity 11	73200	CT upper extremity; w/o contrast	2/1/2007	
	73201	CT upper extremity; with contrast	2/1/2007	
	73202	CT upper extremity; w/o contrast followed by contrast	2/1/2007	
Lower Extremity 12	73700	CT lower extremity; w/o contrast	2/1/2007	
	73701	CT lower extremity; with contrast	2/1/2007	
	73702	CT lower extremity; w/o contrast followed by contrast	2/1/2007	
Head 3	70450	CT head or brain; w/o contrast	2/1/2007	
	70460	CT head or brain; with contrast	2/1/2007	
	70470	CT head or brain; w/o contrast followed by contrast	2/1/2007	
Orbit 1	70480	CT orbit, sella or posterior fossa; w/o contrast	2/1/2007	
	70481	CT orbit, sella or posterior fossa; with contrast	2/1/2007	
	70482	CT orbit, sella or posterior fossa; w/o contrast followed by contrast	2/1/2007	
Sinus 2	70486	CT maxillofacial area; w/o contrast	2/1/2007	
	70487	CT maxillofacial area; with contrast	2/1/2007	
	70488	CT maxillofacial area; w/o contrast followed by contrast	2/1/2007	
Neck 4	70490	CT soft tissue neck; w/o contrast	2/1/2007	
	70491	CT soft tissue neck; with contrast	2/1/2007	
	70492	CT soft tissue neck; w/o contrast followed by contrast	2/1/2007	
Pelvis 7	72192	CT pelvis; w/o contrast	2/1/2007	
	72193	CT pelvis; with contrast	2/1/2007	
	72194	CT pelvis w/o contrast followed by contrast	2/1/2007	
Cervical Spine 8	72125	CT cervical spine; w/o contrast	2/1/2007	
	72126	CT cervical spine; with contrast	2/1/2007	
	72127	CT cervical spine; w/o contrast followed by contrast	2/1/2007	
Thoracic Spine 9	72128	CT thoracic spine; w/o contrast	2/1/2007	
	72129	CT thoracic spine; with contrast	2/1/2007	
	72130	CT thoracic spine; w/o contrast followed by contrast	2/1/2007	
Lumbar	72131	CT lumbar spine; w/o contrast	2/1/2007	

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

Spine 10	72132	CT lumbar spine; with contrast	2/1/2007	
	72133	CT lumbar spine; w/o contrast followed by contrast	2/1/2007	
Computerized Tomography Angiography (CTA)	CPT	Description	Effective Date	Date Ineffective
Abdomen 79	74175	CTA abdomen	2/1/2007	
Abdominal Arteries 80	75635	CTA abdominal aorta & bilateral iliofemoral lower extremity runoff	2/1/2007	
	74174	CTA abdomen & pelvis	1/1/2012	
Chest 75 75	71275	CTA chest (noncoronary)	2/1/2007	
Upper Extremity 77	73206	CTA upper extremity	2/1/2007	
Lower Extremity 78	73706	CTA lower extremity	2/1/2007	
Head 72	70496	CTA head	2/1/2007	
Neck 73	70498	CTA neck	2/1/2007	
Pelvis 76	72191	CTA pelvis	2/1/2007	
Magnetic Resonance Imaging (MRI)	CPT	Description	Effective Date	Date Ineffective
Abdomen 26	74181	MRI abdomen; w/o contrast	2/1/2007	
	74182	MRI abdomen; with contrast	2/1/2007	
	74183	MRI abdomen; w/o contrast followed by contrast	2/1/2007	
	76391	Magnetic resonance (eg, vibration) elastography	1/1/2019	
Bone Marrow 30	77084	MRI bone marrow blood supply	7/1/2008	
Breast 29	77058	MRI breast; unilateral	2/1/2007	12/31/2018
	77059	MRI breast; bilateral	2/1/2007	12/31/2018
	77046	MRI breast, w/o contrast; unilateral	1/1/2019	
	77047	MRI breast, w/o contrast; bilateral	1/1/2019	
	77048	MRI breast, w/o contrast followed by contrast, including CAD; unilateral	1/1/2019	
	77049	MRI, breast, , w/o contrast followed by contrast, including CAD; bilateral	1/1/2019	
Chest 25	71550	MRI chest; w/o contrast	2/1/2007	
	71551	MRI chest; with contrast	2/1/2007	
	71552	MRI chest; w/o contrast followed by contrast	2/1/2007	

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

Cardiac 18	75557	MRI cardiac for morphology & function, w/o contrast	1/1/2008	
	75559	MRI cardiac for morphology & function, w/o contrast; w/stress imaging	1/1/2008	
	75561	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences	1/1/2008	
	75563	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences; w/stress imaging	1/1/2008	
Upper Extremity Non-joint 14	73218	MRI upper extremity, other than joint w/o contrast	2/1/2007	
	73219	MRI upper extremity, other than joint with contrast	2/1/2007	
	73220	MRI upper extremity, other than joint w/o contrast followed by contrast	2/1/2007	
Upper Extremity Any Joint 47	73221	MRI upper extremity, any joint w/o contrast	2/1/2007	
	73222	MRI upper extremity, any joint with contrast	2/1/2007	
	73223	MRI upper extremity, any joint w/o contrast followed by contrast	2/1/2007	
Lower Extremity 46	73718	MRI lower extremity, other than joint w/o contrast	2/1/2007	
	73719	MRI lower extremity, other than joint w contrast	2/1/2007	
	73720	MRI lower extremity, other than joint w/o contrast followed by contrast	2/1/2007	
	73721	MRI lower extremity, any joint w/o contrast	2/1/2007	
	73722	MRI lower extremity, any joint w contrast	2/1/2007	
	73723	MRI lower extremity, any joint w/o contrast followed by contrast	2/1/2007	
TMJ 24	70336	MRI temporomandibular joint(s)	2/1/2007	
Orbit 23	70540	MRI orbit, face and neck; w/o contrast	2/1/2007	
	70542	MRI orbit, face and neck; with contrast	2/1/2007	
	70543	MRI orbit, face and neck; w/o contrast followed by contrast	2/1/2007	
Brain 13	70551	MRI brain; w/o contrast	2/1/2007	
	70552	MRI brain; with contrast	2/1/2007	
	70553	MRI brain; w/o contrast followed by contrast	2/1/2007	
Brain FMRI 82	70554	FMRI brain; by tech	2/1/2007	
	70555	FMRI brain; by phys/psych	2/1/2007	
Pelvis 27	72195	MRI pelvis; w/o contrast	2/1/2007	
	72196	MRI pelvis; with contrast	2/1/2007	
	72197	MRI pelvis; w/o contrast followed by contrast	2/1/2007	
Cervical Spine 15	72141	MRI cervical spine; w/o contrast	2/1/2007	
	72142	MRI cervical spine; with contrast	2/1/2007	
	72156	MRI cervical spine; w/o contrast followed by contrast	2/1/2007	
Thoracic Spine 16	72146	MRI thoracic spine; w/o contrast	2/1/2007	
	72147	MRI thoracic spine; with contrast	2/1/2007	
	72157	MRI thoracic spine; w/o contrast followed by contrast	2/1/2007	
Lumbar Spine	72148	MRI lumbar spine; w/o contrast	2/1/2007	
	72149	MRI lumbar spine; with contrast	2/1/2007	

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

17	72158	MRI lumbar spine; w/o contrast followed by contrast	2/1/2007	
Fetal	74712	MRI fetal; including placental and maternal pelvic imaging (initial gestation)	1/1/2016	
	74713	MRI fetal; including placental and maternal pelvic imaging (each additional gestation)	1/1/2016	
Magnetic Resonance Angiography (MRA)	CPT	Description	Effective Date	Date Ineffective
Abdomen 33	74185	MRA abdomen; with or w/o contrast	2/1/2007	
Chest 32	71555	MRA chest; with or w/o contrast	2/1/2007	
Upper Extremity 35	73225	MRA upper extremity; with or w/o contrast	2/1/2007	
Lower Extremity 36	73725	MRA lower extremity; with or w/o contrast	2/1/2007	
Head 31	70544	MRA head; w/o contrast	2/1/2007	
	70545	MRA head; with contrast	2/1/2007	
	70546	MRA head; w/o contrast followed by contrast	2/1/2007	
Neck 74	70547	MRA neck; w/o contrast	2/1/2007	
	70548	MRA neck; with contrast	2/1/2007	
	70549	MRA neck; w/o contrast followed by contrast	2/1/2007	
Pelvis 34	72198	MRA pelvis; with or w/o contrast	2/1/2007	
Spinal Canal 37	72159	MRA spinal canal and contents with or w/o contrast	2/1/2007	
Magnetic Resonance Spectroscopy (MRS)	CPT	Description	Effective Date	Date Ineffective
81	76390	MR Spectroscopy	2/1/2007	
Nuclear Cardiology	CPT	Description	Effective Date	Date Ineffective
Myocardial Perfusion Imaging 19	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	1/1/2010	
	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress	1/1/2010	
	78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	1/1/2010	

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

	78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)	1/1/2010	
Infarct Imaging	78466	Planar, infarct avid; qualitative or quantitative	2/1/2007	
	78468	Planar, infarct avid; with ejection fraction by first pass technique	2/1/2007	
44	78469	SPECT, infarct avid; with or w/o quantification	2/1/2007	
Cardiac Blood Pool Imaging	78472	Gated equilibrium; planar, single study, wall motion plus ejection fraction	2/1/2007	
82	78473	Gated equilibrium; planar, multiple studies, wall motion study plus ejection fraction	2/1/2007	
	78481	First pass tech; single study, wall motion study plus ejection fraction	2/1/2007	
	78483	First pass tech; multiple studies, wall motion study plus ejection fraction	2/1/2007	
	78494	Gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction	2/1/2007	
Positron Emission Tomography (PET)	CPT	Description	Effective Date	Date Ineffective
Brain Imaging	78608	PET brain, metabolic evaluation	2/1/2007	
42	78609	PET brain, perfusion evaluation	2/1/2007	
Myocardial Imaging	78459	PET myocardial, metabolic evaluation	2/1/2007	
71	78491	PET myocardial, perfusion, single study	2/1/2007	
	78492	PET myocardial, perfusion, multiple studies	2/1/2007	
	78429	PET myocardial, metabolic evaluation with concurrent CT	1/1/2020	
	78430	PET myocardial, perfusion, single study with concurrent CT	1/1/2020	
	78431	PET myocardial, perfusion, multiple studies, with concurrent CT	1/1/2020	
	78432	PET myocardial combined perfusion with metabolic evaluation study	1/1/2020	
	78433	PET myocardial combined perfusion with metabolic evaluation study with concurrent CT	1/1/2020	
	78434	PET myocardial Absolute quantitation of myocardial blood flow (AQMBF)	1/1/2020	
Tumor Imaging PET PET/CT	78811	PET tumor imaging, limited	2/1/2007	
84	78812	PET tumor imaging, skull base to mid-thigh	2/1/2007	
	78813	PET tumor imaging, whole body	2/1/2007	
	78814	PET tumor imaging with concurrent CT, limited	2/1/2007	
	78815	PET tumor imaging with concurrent CT, skull to mid-thigh	2/1/2007	
	78816	PET tumor imaging with concurrent CT, whole body	2/1/2007	
	A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries	7/1/2019	8/21/2019

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	7/1/2019	8/21/2019
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	7/1/2019	8/21/2019

CTA Heart Incl. Structure & Morphology	CPT or HCPCS	Description	Effective Date	Date Ineffective
126	75574	CT angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation)	1/1/2010	
	0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	1/1/2018	
	0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	1/1/2018	
	0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR mode	1/1/2018	
	0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	1/1/2018	

CT Heart for Calcium Scoring	CPT or HCPCS	Description	Effective Date	Date Ineffective
98	75571	CT heart, w/o contrast, with quantitative evaluation of coronary calcium	1/1/2010	

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

CT Heart for Structure & Morphology	CPT or HCPCS	Description	Effective Date	Date Ineffective
99	75572	CT heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	1/1/2010	
	75573	CT heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of L/V cardiac function, RV structure and function and evaluation)	1/1/2010	

Diagnostic CT Colonography	CPT OR HCPCS	Description	Effective Date	Date Ineffective
86	74261	CT Colonography, diagnostic, including image postprocessing, w/o contrast	1/1/2010	
	74262	CT Colonography, diagnostic, including image postprocessing, with contrast	1/1/2010	
	74263	CT Colonography, screening, including image postprocessing, with contrast.	1/1/2010	

Echocardiography Services –

Echocardiogram	CPT or HCPCS	Description	Effective Date	Date Ineffective
Stress Echo (SE)	93350	Transthoracic Stress Echo, complete	1/15/2012	10/15/2020
	93351	Transthoracic Stress Echo, complete w/cont. EKG	1/15/2012	10/15/2020
Resting Trans Echo (TTE)	93303	Transthoracic Echo cardiac anomalies	1/15/2012	10/15/2020
	93304	Transthoracic Echo cardiac anomalies, limited	1/15/2012	10/15/2020
	93306	Transthoracic Echo complete w/color & spectral	1/15/2012	10/15/2020
	93307	Transthoracic Echo complete w/o color & spectral	1/15/2012	10/15/2020
	93308	Transthoracic Echo limited	1/15/2012	10/15/2020
	Transesophageal Echo (TEE)	93312	Transesophageal Echo	1/15/2012
93313		Transesophageal Echo probe only	1/15/2012	10/15/2020
93314		Transesophageal Echo interpretation	1/15/2012	10/15/2020
93315		Transesophageal Echo congenital	1/15/2012	10/15/2020
93316		Transesophageal Echo congenital, probe only	1/15/2012	10/15/2020
93317		Transesophageal Echo congenital interpretation	1/15/2012	10/15/2020

Diagnostic Imaging Prior Review Code List 3rd Quarter 2021

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bcbsnc.com by the 10th day of January, April, July, and October.

NOTE: Unlisted and Miscellaneous health service codes should only be used if a specific code has not been established by the American Medical Association. (Note: Prior review of services for Blue Medicare and Experience Health members will no longer require prior review as of 1/1/2021.)

Low dose CT lung screening – As of 1/1/2021 preauthorization for Commercial members should utilize code 71271.

	CPT or HCPCS	Description	Effective Date	Date Ineffective
Low Dose CT lung Screening	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1/1/2021	
Low Dose CT lung Screening	G0297	Low-dose Computed Tomography For Lung Cancer Screening	1/1/2016	12/31/2020
Low Dose CT lung Screening	S8032	Low-dose Computed Tomography For Lung Cancer Screening	1/1/2015	10/1/2016

**** No additional reimbursement provided for calcium scoring component**

Subject to change