

eviCore advanced imaging procedures and services requiring prior authorization



This list applies to groups using eviCore authorizations for the Advanced Imaging program

Effective 6/15/2021

*Check EBT to verify member enrollment in eviCore program	
Radiology Advanced Imaging Procedures	
CPT Code	Description
76376	3D rendering without postprocessing (no eviCore or Moda prior authorization requirement for Medicare)
76377	3D rendering with postprocessing (no eviCore or Moda prior authorization requirement for Medicare)
0042T	C T perfusion brain
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 (new 6/15/2021)
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 (new 6/15/2021)
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 (new 6/15/2021)
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 (new 6/15/2021)
0633T	C T breast, including 3D rendering, when performed, unilateral; without contrast material
0634T	C T breast, including 3D rendering, when performed, unilateral; with contrast material(s)
0635T	C T breast, including 3D rendering, when performed, unilateral; without contrast material(s), followed by contrast material(s)
0636T	C T breast, including 3D rendering, when performed, bilateral; without contrast material(s)

CPT Code	Description
0637T	C T breast, including 3D rendering, when performed, bilateral; with contrast material(s)
0638T	C T breast, including 3D rendering, when performed, bilateral; without contrast material(s), followed by contrast material(s)
70450	C T head without contrast
70460	C T head with contrast
70470	C T head without & with contrast
70480	C T orbit without contrast
70481	C T orbit with contrast
70482	C T orbit without & with contrast
70486	C T maxillofacial without contrast
70487	C T maxillofacial with contrast
70488	C T maxillofacial without & with contrast
70490	C T soft tissue neck without contrast
70491	C T soft tissue neck with contrast
70492	C T soft tissue neck without & with contrast
70496	C T angiography head
70498	C T angiography Neck
71250	C T thorax without contrast
71260	C T thorax with contrast
71270	C T thorax without & with contrast
71275	C T angiography chest without contrast material, followed by contrast material and further sections, including image postprocessing
72125	C T cervical spine without contrast
72126	C T cervical spine with contrast
72127	C T cervical spine without & with contrast
72128	C T thoracic spine without contrast
72129	C T thoracic spine with contrast
72130	C T thoracic spine without & with contrast
72131	C T lumbar spine without contrast
72132	C T lumbar spine with contrast
72133	C T lumbar spine without & with contrast
72191	C T angiography pelvis
72192	C T pelvis without contrast
72193	C T pelvis with contrast
72194	C T pelvis without & with contrast
73200	C T upper extremity without contrast
73201	C T upper extremity with contrast
73202	C T upper extremity without & with contrast
73206	C T angiography upper extremity
73700	C T lower extremity without contrast
73701	C T lower extremity with contrast
73702	C T lower extremity without & with contrast
73706	C T angiography lower extremity

CPT Code	Description
74150	C T abdomen without contrast
74160	C T abdomen with contrast
74170	C T abdomen without & with contrast
74174	C T angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	C T angiography abdomen
74176	C T abdomen and pelvis without contrast
74177	C T abdomen and pelvis with contrast
74178	C T 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
74261	C T colonography, diagnostic, including image postprocessing; without contrast material
74262	C T colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	C T colonography, screening, including image postprocessing
75635	C T angiography abdominal aorta
76380	C T limited or localized follow-up study
76497	Unlisted computed tomography procedure
77078	C T bone mineral density study, 1 or more sites; axial skeleton
71271	C T thorax, low dose for lung cancer screening, without contrast material(s) (no eviCore or Moda prior authorization requirement for Medicare)
G0297	Low-dose computed tomography for lung cancer screening (no eviCore or Moda prior authorization requirement for Medicare)
S8092	Electron beam computerized tomography (also known as ultrafast CT, cine CT)
77046	M R I breast without contract material unilateral
77047	M R I breast without contract material bilateral (no eviCore or Moda prior authorization requirement for Medicare)
77048	M R I breast with and without contract material(s), including computer-aided-detection when performed unilateral (no eviCore or Moda prior authorization requirement for Medicare)
77049	M R I breast with and without contract material(s), including computer-aided-detection when performed bilateral (no eviCore or Moda prior authorization requirement for Medicare)
70544	M R A head without contrast
70545	M R A head with contrast
70546	M R A head with & without contrast
70547	M R A neck without contrast
70548	M R A neck with contrast
70549	M R A neck with & without contrast
71555	M R A chest (excluding myocardium) with or without contrast
72159	M R A spinal canal with or without contrast

CPT Code	Description
72198	M R A pelvis with or without contrast
73225	M R A upper extremity with or without contrast
73725	M R A lower extremity with or without contrast
74185	M R A abdomen with or without contrast
C8900	M R A abdomen with contrast
C8901	M R A abdomen without contrast
C8902	M R A abdomen with and without contrast
C8909	M R A chest with contrast (excluding myocardium)
C8910	M R A chest without contrast (excluding myocardium)
C8911	M R A chest (excluding myocardium)
C8912	M R A lower extremity with contrast
C8913	M R A lower extremity without contrast
C8914	M R A lower extremity with and without contrast
C8918	M R A pelvis with contrast
C8919	M R A pelvis without contrast
C8920	M R A pelvis with and without contrast
C8931	M R A, with dye, spinal canal
C8932	M R A, without, spinal canal
C8933	M R A, without contrast followed by with contrast, spinal canal and contents
C8934	M R A, with dye, upper extremity
C8935	M R A, without contrast, upper extremity
C8936	M R A, without contrast followed by with contrast, upper extremity
70336	M R I temporomandibular joint(s)
70540	M R I orbit, face, neck and/or without contrast
70542	M R I face, orbit, neck with contrast
70543	M R I face, orbit, neck with & without contrast
70551	M R I head without contrast
70552	M R I head with contrast
70553	M R I head with & without contrast
70554	M R I brain, functional MRI
70555	M R I brain, functional MRI, requiring physician
71550	M R I chest without contrast
71551	M R I chest with contrast
71552	M R I chest with & without contrast
72141	M R I cervical spine without contrast
72142	M R I cervical spine with contrast
72146	M R I thoracic spine without contrast
72147	M R I thoracic spine with contrast
72148	M R I lumbar spine without contrast
72149	M R I lumbar spine with contrast
72156	M R I cervical spine with & without contrast
72157	M R I thoracic spine with & without contrast
72158	M R I lumbar spine with & without contrast

CPT Code	Description
72195	M R I pelvis without contrast
72196	M R I pelvis with contrast
72197	M R I pelvis with & without contrast
73218	M R I upper extremity without contrast
73219	M R I upper extremity with contrast
73220	M R I upper extremity with & without contrast
73221	M R I upper extremity joint without contrast
73222	M R I upper extremity joint with contrast
73223	M R I upper extremity joint with & without contrast
73718	M R I lower extremity without contrast
73719	M R I lower extremity with contrast
73720	M R I lower extremity with & without contrast
73721	M R I lower extremity joint without contrast
73722	M R I lower extremity joint with contrast
73723	M R I lower extremity joint with & without contrast
74181	M R I abdomen without contrast
74182	M R I abdomen with contrast
74183	M R I abdomen with & without contrast
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (list separately in addition to code for primary procedure)
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis
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
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report
76390	M R I spectroscopy
76391	Magnetic resonance elastography
76498	Unlisted M R I procedure
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
C8903	M R I breast with contrast, unilateral
C8905	M R I breast with and without contrast, unilateral
C8906	M R I breast bilateral with contrast
C8908	M R I breast bilateral with and without contrast

CPT Code	Description
78414	Non-Imaging heart function
78428	Cardiac shunt imaging
78445	Radionuclide venogram non-cardiac
78466	Myocardial infarction scan (no eviCore or Moda prior authorization requirement for Medicare)
78468	Heart infarct image ejection fraction
78469	Heart infarct image 3D spect
78472	Cardiac bloodpool imaging, single (no eviCore or Moda prior authorization requirement for Medicare)
78473	Cardiac bloodpool imaging, multi
78481	Heart first pass single
78483	Cardiac blood pool imaging -- multiple
78494	Cardiac blood pool imaging, SPECT
78496	Cardiac blood pool imaging - single study at rest
78499	Unlisted cardiovascular procedure
78012	Thyroid uptake, single or multiple quantitative measurement(s), including stimulation, suppression, or discharge, when performed
78013	Thyroid imaging (including vascular flow, when performed)
78014	Thyroid imaging (including vascular flow, when performed) (no eviCore or Moda prior authorization requirement for Medicare)
78015	Thyroid met imaging (no eviCore or Moda prior authorization requirement for Medicare)
78016	Thyroid met imaging with additional studies
78018	Thyroid scan whole body (no eviCore or Moda prior authorization requirement for Medicare)
78020	Thyroid carcinoma metastases uptake (Add on code - must authorize primary procedure code)
78070	Parathyroid planar imaging (including subtraction, when performed) (no eviCore or Moda prior authorization requirement for Medicare)
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) (no eviCore or Moda prior authorization requirement for Medicare)
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
78075	Adrenal imaging cortex and/or medulla (no eviCore or Moda prior authorization requirement for Medicare)
78102	Bone marrow imaging, limited (no eviCore or Moda prior authorization requirement for Medicare)
78103	Bone marrow imaging, multiple
78104	Bone marrow imaging, whole body
78185	Spleen imaging with & without vascular flow

CPT Code	Description
78195	Lymph system imaging (no eviCore or Moda prior authorization requirement for Medicare)
78201	Liver imaging (no eviCore or Moda prior authorization requirement for Medicare)
78202	Liver imaging with flow (no eviCore or Moda prior authorization requirement for Medicare)
78215	Liver & spleen imaging (no eviCore or Moda prior authorization requirement for Medicare)
78216	Liver & spleen imaging with flow
78226	Hepatobiliary system imaging, including gallbladder when present (no eviCore or Moda prior authorization requirement for Medicare)
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed (no eviCore or Moda prior authorization requirement for Medicare)
78230	Salivary gland imaging
78231	Serial salivary gland
78232	Salivary gland function exam
78258	Esophagus motility study
78261	Gastric mucosa imaging (no eviCore or Moda prior authorization requirement for Medicare)
78262	Gastroesophageal reflux exam (no eviCore or Moda prior authorization requirement for Medicare)
78264	Gastric emptying study (no eviCore or Moda prior authorization requirement for Medicare)
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days
78278	GI bleeder scan
78290	Meckels diverticulum imaging (no eviCore or Moda prior authorization requirement for Medicare)
78291	Leveen shunt patency exam
78300	Bone or joint imaging limited (no eviCore or Moda prior authorization requirement for Medicare)
78305	Bone or joint imaging multiple (no eviCore or Moda prior authorization requirement for Medicare)
78306	Bone scan whole body (no eviCore or Moda prior authorization requirement for Medicare)
78315	Bone scan 3 phase study (no eviCore or Moda prior authorization requirement for Medicare)
78457	Venous thrombosis imaging unilateral
78458	Venous thrombosis images, bilateral

CPT Code	Description
78579	Pulmonary ventilation imaging (eg, aerosol or gas) (no eviCore or Moda prior authorization requirement for Medicare)
78580	Pulmonary perfusion imaging (eg, particulate)
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78597	Quantitative differential pulmonary perfusion, including imaging when performed (no eviCore or Moda prior authorization requirement for Medicare)
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed (no eviCore or Moda prior authorization requirement for Medicare)
78600	Brain imaging limited static (no eviCore or Moda prior authorization requirement for Medicare)
78601	Brain limited imaging and flow
78605	Brain imaging complete
78606	Brain imaging complete with flow
78610	Brain flow imaging only
78630	Cisternogram (cerebrospinal fluid flow)
78635	Cerebrospinal ventriculography
78645	CSF shunt evaluation
78650	C S F leakage detection and localization
78660	Radiopharmaceutical dacryocystography
78700	Kidney imaging morphology (no eviCore or Moda prior authorization requirement for Medicare)
78701	Kidney imaging with vascular flow
78707	Kidney imaging with vascular flow & function single study without pharmacological intervention
78708	Kidney imaging single study with pharmacological intervention
78709	Kidney imaging - multiple studies with & without pharmacological intervention
78725	Kidney function study - non-imaging radioisotopic
78730	Urinary bladder residual study
78740	Ureteral reflux study (no eviCore or Moda prior authorization requirement for Medicare)
78761	Testicular imaging with vascular flow
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 (eg, head, neck, chest, pelvis), single day imaging (no eviCore or Moda prior authorization requirement for Medicare)
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 (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days

CPT Code	Description
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
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
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
78608	Brain imaging, positron emission tomography (PET) metabolic evaluation
78609	Brain imaging, positron emission tomography (PET) perfusion evaluation
78811	Tumor imaging, positron emission tomography (PET); limited area (EG, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Positron emission tomography (PET); whole body
G0219	PET imaging whole body; melanoma for non-covered indications
G0235	PET imaging, any site, not otherwise specified
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization; limited area (e.g. chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computer tomography (CT) for attenuation correction and anatomical localization; whole body
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 (eg, head, neck, chest, pelvis), single day imaging
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 (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days

CPT Code	Description
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 (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days