

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT POLICY

## TABLE OF CONTENTS

OVERVIEW .....	523
MEMBERS EXEMPT FROM PAYMENT RULES .....	523
REQUIREMENTS FOR ECHOCARDIOGRAPHY AND NUCLEAR STUDIES .....	523
ACCREDITATION STATUS AND SUBMISSIONS .....	524
HIP OUTPATIENT DIAGNOSTIC IMAGING SELF REFERRAL PAYMENT POLICY .....	525

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

Our diagnostic imaging payment policy as it applies to services performed in an office setting (POS 11). The policy designates which imaging procedures will be reimbursed (subject to the member's benefit plan) according to practitioner specialty.

## OVERVIEW

There are many clinical reasons practitioners other than radiologists perform in-office imaging as part of their diagnostic and treatment plans. We have radiology and cardiology imaging privileging protocols for HIP/HIPIC-underwritten Benefit Plans that are administered by EmblemHealth, which include Commercial (including GHI HMO, Vytra branded plans), state-sponsored and Medicare plans. These privileging protocols make up the Diagnostic Imaging Self-Referral Payment Policy. They are designed to promote the appropriate use of diagnostic imaging by clinicians in office settings.

The payment policy applies to services performed in an office setting (POS 11). It is based on a careful review of the literature and standards of the American Society of Echocardiography (ASE), Intersocietal Accreditation Commission (IAC), American College of Cardiology (ACC) and American Board of Radiology (ABR). The policy designates which imaging procedures will be reimbursed (subject to the member's benefit plan) according to practitioner specialty. It also describes the minimum accreditation and certification requirements.

For providers to perform imaging procedures within their specialty, they must meet and maintain the minimum certification requirements. These requirements are listed in the **Outpatient Imaging Self-Referral Payment Policy chart** in this chapter. When imaging procedures are performed outside the practitioner's specialty or when the practitioner fails to maintain the minimum certification requirements or obtain **Prior Approval** when required, claims for such services will be denied, with no liability to the member.

## MEMBERS EXEMPT FROM PAYMENT RULES

Excluded from this payment policy are HIP/HIPIC-underwritten Benefit Plans members assigned to a Montefiore, HealthCare Partners (HCP) or AdvantageCare Physicians (ACPNY) PCP. These members can be identified by their member ID card or through member eligibility information on our secure website at: [www.emblemhealth.com/providers](http://www.emblemhealth.com/providers). Protocols for GHI-underwritten plans are contained within the **Radiology Privileging** chapter.

## REQUIREMENTS FOR ECHOCARDIOGRAPHY AND NUCLEAR STUDIES

EmblemHealth will reimburse cardiologists for approved echocardiography studies (CPT codes 93303, 93304, 93306, 93307, 93308, 93350 and 93351) and nuclear studies (CPT codes 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483 and 78494), but only if they are performed at accredited locations. Prior approval rules continue to apply where applicable.

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

## Accreditation for echocardiography studies requires both:

1. Cardiology board certification of the physician by the American Board of Internal Medicine (ABIM) or American Osteopathic Board of Internal Medicine (AOBIM) **and**
2. That services are rendered in laboratories accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL)

## Accreditation for nuclear studies requires both:

1. Certification of the physician by the American Board of Radiology (ABR), American Board of Nuclear Medicine (ABNM) or Certification Board of Nuclear Cardiology (CBNC) **and**
2. That services are rendered in laboratories accredited by the Intersocietal Commission for the Accreditation of Nuclear Laboratories (ICANL) or American College of Radiology (ACR)

## ACCREDITATION STATUS AND SUBMISSIONS

Participating practitioners will be reviewed for active accreditation. For echocardiography services, the review will appear in the national databases of ICAEL and ICANL. For nuclear medicine/nuclear cardiology services, the review will appear in the national database of ACR. All other specialties must email their certification(s) directly to **provideraccreditations@evicore.com**. For more information about accreditation status or certificate submissions, email **provideraccreditations@evicore.com** or call **1-800-918-8924, ext. 27901**.

For information on accreditation requirements and instructions for submitting an application for accreditation, refer to the websites of the accrediting organizations below:

- American Association of Clinical Endocrinologists (AACE), Endocrine Certification in Neck Ultrasound (ECNU): **<https://www.aace.com/college/ECNU/>**
- American Board of Radiology (ABR): **<https://www.theabr.org/>**
- American College of Cardiology (ACC): **<https://www.acc.org/>**
- American College of Nuclear Medicine (ACNM): **<http://www.acnmonline.org/>**
- American College of Radiology (ACR): **<https://www.acr.org/>**
- American Osteopathic Board of Radiology (AOBR): **<https://www.aocr.org/>**
- American Registry for Diagnostic Medical Sonography (ARDMS): **<https://www.ardms.org/>**
- American Registry of MRI Technologists (ARMRIT): **<https://www.armrit.org/index.shtml>**
- American Registry of Radiologic Technologists (ARRT): **<https://www.arrrt.org/>**
- American Society of Nuclear Cardiology (ASNC): **<https://www.asnc.org/>**
- American Institute of Ultrasound in Medicine (AIUM): **<https://www.aium.org/>**
- Canadian Association of Medical Radiation Technologists (CAMRT): **<https://www.camrt.ca/>**
- Federal Drug Administration (FDA):, Radiation Emitting Products **<https://www.fda.gov/Radiation-EmittingProducts/default.htm>**
- International Society of Bone Densitometry (ISCD): **<https://www.iscd.org/>**
- Intersocietal Accreditation Commission (IAC): **<https://www.intersocietal.org/intersocietal.htm>**
- Intersocietal Commission for the Accreditation of Computed Tomographic Laboratories

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

- (ICACTL): <https://www.intersocietal.org/ct/>
- Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL): <https://www.intersocietal.org/echo/>
- Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL): <https://www.intersocietal.org/mri/>
- Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL): <https://www.intersocietal.org/nuclear/>
- Intersocietal Commission for the Accreditation of Vascular Testing (ICAVL): <https://www.intersocietal.org/vascular/>
- Mammography Quality Standards Act (MQSA): <https://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm110823.htm>

## HIP OUTPATIENT DIAGNOSTIC IMAGING SELF REFERRAL PAYMENT POLICY

### HIP Outpatient Diagnostic Imaging Self-Referral Payment Policy

The Outpatient Imaging Self-Referral payment policies are designed to promote appropriate use of diagnostic imaging by primary care physicians, specialty physicians and other health care professionals in office settings. The HIP payment policies below designate which imaging procedures shall be payable by HIP (subject to member benefits) in primary care physicians', specialty physicians' and other health care professionals' offices by provider practice specialty. In addition, these payment policies describe the minimum accreditation and certification requirements for ultrasound, echocardiography and nuclear medicine. This payment policy assumes board certification (by an ABMS recognized board) in the provider specialties listed below. All specialty payment policies apply to the related pediatric specialties as well.

2015 HIP Outpatient Diagnostic Imaging Self-Referral Payment Policy Effective January 1, 2015			
Provider Specialty	CPT Codes	Description	Accreditation Requirement(s)
Primary Care Physicians (includes Internal Medicine, Family Practice)	71010 -71030	Chest imaging	No additional requirements
	77080, 77081, 77085 <sup>3</sup>	DEXA studies, bone densitometry	
	93303 <sup>1</sup> , 93304 <sup>1</sup> , 93306 <sup>1</sup> - 93308 <sup>1</sup>	Transthoracic echocardiography	1. National Board of Echocardiography (NBE) certification
	93350 <sup>1</sup> , 93351 <sup>1</sup>	Doppler echocardiography, add on codes	2. Laboratories accredited by the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (IAC Echocardiography) <sup>3</sup>

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

Cardiologists (includes Cardiovascular Disease, Interventional Cardiologists, Cardiac Electrophysiologists)	71010 - 71030	Chest imaging	No additional requirements
	76930	Ultrasonic guidance for pericardiocentesis	
	76932	Ultrasonic guidance for endomyocardial biopsy	
	93303 <sup>1</sup> , 93304 <sup>1</sup> , 93306 <sup>1</sup> - 93308 <sup>1</sup>	Transthoracic echocardiography	1. Cardiology certification by the <b>American Board of Internal Medicine (ABIM)</b> or <b>American Osteopathic Board of Internal Medicine (AOBIM)</b> 2. Laboratories accredited by the <b>Intersocietal Commission for the Accreditation of Echocardiography Laboratories (IAC Echocardiography)</b> <sup>3</sup>
	93320, 93321, 93325	Doppler echocardiography, add on codes	
93350 <sup>1</sup> , 93351 <sup>1</sup>	Stress echocardiography		
Cardiologists, Nuclear	78451 <sup>1</sup> , 78452 <sup>1</sup> , 78453 <sup>1</sup> , 78454 <sup>1</sup>	Myocardial perfusion imaging	1. Certification by the <b>American Board of Radiology (ABR)</b> , <b>American Board of Nuclear Medicine (ABNM)</b> or Certification Board of Nuclear Cardiology (CBNC) 2. Laboratories accredited by the <b>Intersocietal Commission for the Accreditation of Nuclear Laboratories (IAC Nuclear/PET)</b> <sup>3</sup> or <b>American College of Radiology (ACR)</b>
	78466 <sup>1</sup> , 78468 <sup>1</sup> , 78469 <sup>1</sup>	Myocardial infarction scans	
	78472 <sup>1</sup> , 78473 <sup>1</sup> , 78481 <sup>1</sup> , 78483 <sup>1</sup> , 78494 <sup>1</sup>	Cardiac blood pool imaging	
	76930	Ultrasonic guidance for pericardiocentesis	
	76932	Ultrasonic guidance for endomyocardial biopsy	
Pediatric Cardiologists	76825 <sup>2</sup> - 76828 <sup>2</sup>	Echocardiography, fetal	1. Certification in pediatric cardiology by the <b>American Board of Pediatrics</b> 2. Laboratories accredited by the <b>Intersocietal Commission for the Accreditation of Echocardiography Laboratories (IAC Echocardiography)</b> <sup>3</sup>
	71555 <sup>1</sup>	MRA chest	
	75557 <sup>1</sup> - 75563 <sup>1</sup>	Cardiac MRI	
	71010 - 71030	Chest imaging	
	76930	Ultrasonic guidance for pericardiocentesis	
	76932	Ultrasonic guidance for endomyocardial biopsy	
	93303 <sup>1</sup> , 93304 <sup>1</sup> , 93306 <sup>1</sup> to 93308 <sup>1</sup>	Stress echocardiography	
	93350 <sup>1</sup> , 93351	Transesophageal echocardiography	
	93320, 93321, 93325	Doppler echocardiography, add on codes	
Chiropractors	72010, 72040, 72069, 72070, 72080, 72100	Spine imaging	No additional requirements
Colon and Rectal Surgeons	76872	Ultrasound, transrectal	Must be board certified by the <b>American Board of</b>

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	76942	Ultrasonic guidance for biopsy only	<b>Colon and Rectal Surgery (ABCRS)</b> to perform this ultrasound
Endocrinologists	77080,77081,77085 <sup>3</sup>	DEXA studies, bone densitometry	No additional requirements
	76536	Thyroid ultrasound	Endocrine Certification in Neck Ultrasound (ECNU) from the <b>American Association of Clinical Endocrinologist (AACE)</b>
	76942	Ultrasonic guidance for biopsy	<sup>5</sup> Effective 1/1/16: <b>American Institute of Ultrasound in Medicine (AIUM)</b> accreditation in thyroid/ parathyroid ultrasound
Gastroenterologists	76975	Endoscopic ultrasound	No additional requirements
General Surgeons	75962	Transluminal balloon angioplasty	No additional requirements
Breast Surgeons	76942	Ultrasonic guidance for biopsy	<sup>4</sup> Effective 9/1/15: For breast ultrasound and ultrasound guided breast biopsy: Physicians must be certified in breast ultrasound by
	76641 <sup>3</sup>	Breast ultrasound, complete	the <b>American Society of Breast Surgeons (ASBS)</b> and: Facilities must have accreditation from the ASBS for breast ultrasound and ultrasound guided breast biopsy; or Accredited by the <b>Am.</b>
	76642 <sup>3</sup>	Breast ultrasound, limited	<b>College of Radiology</b> in breast ultrasound and ultrasound guided biopsy; or Accredited by AIUM in interventional breast ultrasound
Geriatricians	71010 - 71030	Chest imaging	No additional requirements

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	93303 <sup>1</sup> , 93304 <sup>1</sup> , 93306 <sup>1</sup> to 93308 <sup>1</sup>	Transthoracic echocardiography	Non-cardiologists: <b>1. National Board of Echocardiography (NBE)</b> certification 2. Laboratories accredited by the <b>Intersocietal Commission for the Accreditation of Echocardiography Laboratories (IAC Echocardiography)</b> <sup>3</sup>
	93320, 93321, 93325	Doppler echocardiography, add on codes	
Hand Surgeons	76000	Fluoroscopy	No additional requirements
	73100 - 73140	Upper extremity imaging	
Head and Neck Surgeons (includes ENT, Otolaryngologists)	76942, 76536	Ultrasonic guidance for biopsy only	No additional requirements <sup>5</sup> Effective 9/1/15: AIUM accreditation in head and neck ultrasound
Hematologist/Oncologists Medical Oncologists Oncologists	71010 - 71030	Chest imaging	No additional requirements
Maternal and Fetal Medicine	77052	Computer-aided detection of radiographic images	Must be fully compliant with <b>Mammography Quality Standards Act (MQSA)</b> requirements to perform screening mammography
	77057, G0202	Screening mammography	
	77063 <sup>3</sup>	Screening tomosynthesis	
	74740	Hysterosalpingography	No additional requirements
	77080, 77081, 77085 <sup>3</sup>	DEXA studies, bone densitometry	
	76815 <sup>2</sup> , 76816 <sup>2</sup> , 76817 <sup>2</sup> , 76820 <sup>2</sup> , 76821 <sup>2</sup> , 76830 - 76857, 76930, 76941, 76942, 76945, 76946, 76948	Ultrasound: obstetrical, pelvic, guidance	
	76801 <sup>2</sup> , 76802 <sup>2</sup> , 76805 <sup>2</sup> , 76810 <sup>2</sup> , 76811 <sup>2</sup> , 76812 <sup>2</sup> , 76813 <sup>2</sup> , 76814 <sup>2</sup> , 76818 <sup>2</sup> , 76819 <sup>2</sup> , 76820 <sup>2</sup> , 76821 <sup>2</sup> , 76825 <sup>2</sup> , 76826 <sup>2</sup> , 76827 <sup>2</sup> , 76828 <sup>2</sup>	Ultrasound: obstetrical/pelvic guidance	
76970	Ultrasound study, follow-up	AIUM/ACR Accreditation	

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	93325	Doppler echocardiography, add on	
Nephrologists	75791	Angiography arteriovenous shunt, radiological supervision and interpretation	No additional requirements
	75978	Venous angioplasty, radiological supervision and interpretation	
	77021	MR guidance for needle placement	
	77012	CT scan for needle biopsy	
	77002	Needle localization by x-ray	
	76942	Ultrasonic guidance for biopsy	
	75962 <sup>3</sup>	Transluminal balloon angioplasty	
Nuclear Medicine	78012 <sup>1</sup> , 78013 <sup>1</sup> , 78014 <sup>1</sup> , 78015 <sup>1</sup> , 78016 <sup>1</sup> , 78018 <sup>1</sup> , 78020 <sup>1</sup> , 78070 <sup>1</sup> , 78071 <sup>1</sup> , 78072 <sup>1</sup> , 78075 <sup>1</sup> , 78102 <sup>1</sup> , 78103 <sup>1</sup> , 78104 <sup>1</sup> , 78110, 78111, 78120, 78121, 78122, 78130, 78135, 78140, 78185 <sup>1</sup> , 78190, 78191, 78195 <sup>1</sup> , 78201 <sup>1</sup> , 78202 <sup>1</sup> , 78205 <sup>1</sup> , 78206 <sup>1</sup> , 78215 <sup>1</sup> , 78216 <sup>1</sup> , 78226 <sup>1</sup> , 78227 <sup>1</sup> , 78230 <sup>1</sup> , 78231 <sup>1</sup> , 78232 <sup>1</sup> , 78258 <sup>1</sup> , 78261 <sup>1</sup> , 78262 <sup>1</sup> , 78264 <sup>1</sup> , 78270, 78271, 78272, 78278 <sup>1</sup> , 78282 <sup>1</sup> , 78290 <sup>1</sup> , 78291 <sup>1</sup> , 78300 <sup>1</sup> , 78305 <sup>1</sup> , 78306 <sup>1</sup> , 78315 <sup>1</sup> , 78320 <sup>1</sup> , 78579 <sup>1</sup> , 78580 <sup>1</sup> , 78582 <sup>1</sup> , 78597 <sup>1</sup> , 78598 <sup>1</sup> , 78600 <sup>1</sup> , 78601 <sup>1</sup> , 78605 <sup>1</sup> , 78606 <sup>1</sup> , 78607 <sup>1</sup> , 78610 <sup>1</sup> , 78630 <sup>1</sup> , 78635 <sup>1</sup> , 78645 <sup>1</sup> , 78647 <sup>1</sup> , 78650 <sup>1</sup> , 78660 <sup>1</sup> , 78700 <sup>1</sup> , 78701 <sup>1</sup> ,	Nuclear medicine studies	Physicians certified by the <b>American Board of Radiology (ABR)</b> or the <b>American Board of Nuclear Medicine (ABNM)</b>



# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	78707 <sup>1</sup> , 78708 <sup>1</sup> , 78709 <sup>1</sup> , 78710 <sup>1</sup> , 78725 <sup>1</sup> , 78730 <sup>1</sup> , 78740 <sup>1</sup> , 78761 <sup>1</sup> , 78800 <sup>1</sup> , 78801 <sup>1</sup> , 78802 <sup>1</sup> , 78803 <sup>1</sup> , 78804 <sup>1</sup> , 78805 <sup>1</sup> , 78806 <sup>1</sup> , 78807 <sup>1</sup> , 78808, 78811 <sup>1</sup> , 78812 <sup>1</sup> , 78813 <sup>1</sup> , 78814 <sup>1</sup> , 78815 <sup>1</sup> , 78816 <sup>1</sup>		
Obstetrics and Gynecology	77052	Computer aided detection of radiographic images	No additional requirements
	77057, G0202	Screening Mammography	
	77063 <sup>3</sup>	Screening tomosynthesis	
	77080, 77081, 77085 <sup>3</sup>	DEXA studies, bone densitometry	
	74740	Hysterosalpingography	
	76830 to 76857, 76815 <sup>2</sup> , 76816 <sup>2</sup> , 76817 <sup>2</sup>	Ultrasound : obstetrical, pelvic	
	76930	Ultrasound study, follow-up Guidance	
	76941	Ultrasonic guidance for fetal transfusion or cordocentesis	
	76945	Ultrasonic guidance for chorionic villus sampling	
	76946	Ultrasonic guidance for amniocentesis	
	76948	Ultrasonic guidance for aspiration of ova	
	76970	Ultrasound study, follow-up	
	76801 <sup>2</sup> , 76802 <sup>2</sup> , 76805 <sup>2</sup> , 76810 <sup>2</sup> , 76811 <sup>2</sup> , 76812 <sup>2</sup> , 76813 <sup>2</sup> , 76814 <sup>2</sup> , 76818 <sup>2</sup> , 76819 <sup>2</sup> , 76820 <sup>2</sup> , 76821 <sup>2</sup> , 76825 <sup>2</sup> , 76826 <sup>2</sup> , 76827 <sup>2</sup> , 76828 <sup>2</sup>	Ultrasound: obstetrical, pelvic	
	93325	Doppler echocardiography	
	Oral Surgeons	70100, 70110, 70140, 70150	
70300, 70310, 70320		Teeth imaging	
70328, 70330		TMJ imaging	

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	70350	Cephalogram, orthodontic		
	70355	Orthopantogram		
Orthopedists (includes Pediatric Orthopedists, Orthopedic Surgeons and Pediatric Orthopedic Surgeons)	71100 - 71111	Radiologic examination, ribs	No additional requirements	
	71120 - 71130	Radiologic examination, sternum		
	72010 - 72120, 72170, 72190 72200 - 72220	Spine and Pelvis imaging		
	73000 - 73140, 73500 - 73660	Imaging to Upper and lower extremities		
	76000, 77002, 77003	Fluoroscopy		
	77071	Radiologic examination, any joint		
	77073	Bone length studies		
	77077	Joint survey		
	76881	Ultrasound, extremity		AIUM accreditation in musculoskeletal ultrasound
	76882	Ultrasound, extremity, limited		
76885	Ultrasound, infant hips			
76886 76942 <sup>3</sup>	Ultrasound, infant hips, limited Ultrasonic guidance for needle placement			
Pain Specialists (includes Physiatrists, Anesthesiologists, Neurologists, Neurosurgeons, Physical Medicine and Rehabilitation)	72275	Epidurography, radiological supervision and interpretation	No additional requirements	
	76000, 77002, 77003	Fluoroscopy		
Pediatricians	71010-71030	Chest imaging	No additional requirements	
Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Lower extremity imaging	No additional requirements	
	76942 <sup>4</sup>	Ultrasonic guidance for needle placement		
	76881 <sup>4</sup>	Ultrasound, extremity		
	76882 <sup>4</sup>	Ultrasound, extremity, limited		
Pulmonologists	71010-71030	Chest imaging	No additional requirements	
Radiation Oncologists	77012	Computed tomography guidance for needle placement	No additional requirements	
	77014	Computed tomography guidance for placement of radiation therapy fields		
	76873	Prostate volume study for brachytherapy treatment planning		

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	76950	Ultrasonic guidance for placement of radiation therapy fields		
	76965	Ultrasonic guidance for interstitial radioelement application		
	76942	Ultrasonic guidance for biopsy only		
Reproductive Endocrinologists	77052	Computer aided detection of radiographic images	Must be fully compliant with MQSA requirements to perform screening mammography	
	77057, G0202	Screening Mammography		
	77063 <sup>3</sup>	Screening tomosynthesis		
	77080, 77081, 77085 <sup>3</sup>	DEXA studies, bone densitometry	No additional requirements	
	76815 <sup>2</sup> , 76816 <sup>2</sup> , 76817 <sup>2</sup> , 76830 to 76857	Ultrasound – obstetrical, pelvic		
	76948	Ultrasonic guidance for aspiration of ova		
	76970	Ultrasound study, follow-up		
	74740	Hysterosalpingography		
	76801 <sup>2</sup> , 76802 <sup>2</sup> , 76805 <sup>2</sup> , 76810 <sup>2</sup> , 76811 <sup>2</sup> , 76812 <sup>2</sup> , 76813 <sup>2</sup> , 76814 <sup>2</sup> , 76818 <sup>2</sup> , 76819 <sup>2</sup> , 76820 <sup>2</sup> , 76821 <sup>2</sup> , 76825 <sup>2</sup> , 76826 <sup>2</sup> , 76827 <sup>2</sup> , 76828 <sup>2</sup>	Ultrasound: obstetrical, pelvic, guidance		AIUM/ACR Accreditation
	76941	Ultrasonic guidance for fetal transfusion or cordocentesis		
76942	Ultrasonic guidance for biopsy			
76945	Ultrasonic guidance for chorionic villus sampling			
76946	Ultrasonic guidance for amniocentesis			
	93325	Doppler echocardiography, add on		
Rheumatologists	72010 - 72120, 72170, 72190 72200 - 72220	Spine and pelvis imaging	No additional requirements	
	73000 - 73140, 73500 - 73660	Imaging- Upper and lower extremities		

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	76000, 77002	Fluoroscopy	
	77073, 77077	Bone length studies, joint survey	
	77080, 77081, 77085 <sup>3</sup>	DEXA studies, bone densitometry	
	76881	Ultrasound, extremity	AIUM accreditation in musculoskeletal ultrasound
	76882	Ultrasound, extremity, limited	
	76885	Ultrasound, infant hips	
	76886	Ultrasound, infant hips, limited	
	76942 <sup>3</sup>	Ultrasonic guidance for needle placement	
Sports Medicine	71100 - 71111	Radiologic examination, ribs	Board certification in sports medicine and combined fellowship, residency and training in sports medicine of at least four years
	71120 - 71130	Radiologic examination, sternum	
	72010 - 72120, 72170, 72190, 72200 - 72220	Spine and pelvis imaging	
	73000 - 73140, 73500 - 73660	Imaging to upper and lower extremities	
	76881	Ultrasound, extremity	AIUM accreditation in dedicated musculoskeletal ultrasound
	76882	Ultrasound, extremity, limited	
	76942 <sup>3</sup>	Ultrasonic guidance for needle placement	
Urologists	74455	Urethrocytography	No additional requirements
	76775	Ultrasound, limited	<sup>4</sup> Effective 9/1/15: AIUM accreditation in urologic ultrasound
	76870, 76872, 76873	Ultrasonounds - scrotum, Transrectal Prostate volume study for brachytherapy treatment planning	
	76942	Ultrasonic guidance for biopsy only	
	76857	Ultrasound pelvic limited or follow up	
Vascular Neurology	76125	Cineradiography/video radiography	ABMS Certification in Vascular Neurology
	75898	Angiography through existing catheter	
	75896	Transcatheter therapy, infusion	
	75894	Transcatheter therapy, embolization	
	75685	Angiography, vertebral, cervical and/or intracranial	
	75680	Angiography, carotid, cervical, bilateral	
	75676	Angiography, carotid, cervical, unilateral	

# HIP OUTPATIENT DIAGNOSTIC IMAGING REFERRAL PAYMENT

	75671	Angiography, carotid, cerebral, bilateral	
	75665	Angiography, carotid, cerebral, unilateral	
	75662	Angiography, external carotid, bilateral, selective	
	75660	Angiography, external carotid, unilateral, selective	
	75600	Aortography, thoracic, without serialography	
Vascular Surgeons	77001	Fluoroscopic guidance for central venous access device	No additional requirements
	76937	US guidance for vascular access	

**Note:** This policy does not apply to IPA services rendered in Putnam and Ulster Counties

<sup>1</sup> These procedures require pre-certification; call **1-866-417-2345**

<sup>2</sup> Any studies beyond three require pre-certification; call **1-866-417-2345**

<sup>3</sup> Procedure Code Changes effective 1/1/15

<sup>4</sup> Changes effective 9/1/15:

- General Surgeons must have individual ASBS certification; facilities must have accreditation from ASBS, or ACR or AIUM
- Head and Neck Surgeons must have accreditation in Head and Neck Ultrasound from AIUM
- Podiatrist must have accreditation in Dedicated Musculoskeletal Ultrasound from AIUM
- Urologist must have accreditation in Urologic Ultrasound from AIUM

<sup>5</sup> Changes Effective: 1/1/16:

- Endocrinologist must have accreditation in Dedicated Thyroid/Parathyroid Ultrasound from AIUM