



Reimbursement Policy:

Outpatient Imaging Self-Referral (Commercial, Medicare, Medicaid) (Administered by EviCore by Evernorth)

Effective Date: 1/01/2022

Number: RP20210017

Reimbursement Guideline Disclaimer: EmblemHealth has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by EmblemHealth due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to; CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how EmblemHealth handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Policy Statement:

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 an office setting. The EmblemHealth payment policies below designate which imaging procedures shall be payable by EmblemHealth (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.

This policy does not apply to services rendered in Putnam, Ulster, and Onondaga Counties.

Guidelines:

KEY:

*	These procedures require preauthorization; call 866-417-2345 (GHI City of New York members are exempt from preauthorization of certain codes by EviCore by Evernorth (for example, 78429, 78430, 78431, 78432, 78433, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93350, and 93351). <i>Some codes may require preauthorization from Empire BCBS. See the Preauthorization Check Tool in the secure Provider Portal to see which codes need preauthorization and from whom.</i>
**	Any studies beyond three (3) require preauthorization; call 866-417-2345 (GHI City of New York members are excluded from this requirement)
***	Code added effective 01/01/2020

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Primary Care Physicians: Internal Medicine and Family Practice	71045, 71046, 71047, 71048 74018, 74019, 74021 77080, 77081, 77085	Chest imaging Abdomen Imaging DEXA studies, bone densitometry	Board certification by an ABMS recognized board. <i>Accreditation not required for codes in this section.</i>
	93303*, 93304*, 93306*, 93307*, 93308*, 93356*** 93319, 93320, 93321, 93325	Transthoracic Echocardiography Doppler echocardiography, add- on codes	National Board of Echocardiography (NBE) certification in Adult Echocardiography AND Laboratories accredited by the Intersocietal Commission (IAC) in Adult Transthoracic Echocardiography
Cardiologists (Includes cardiovascular specialist, interventional cardiologist, and cardiac electrophysiologist.)	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board Accreditation not required for general radiography exams.
	33016, 33017, 33018, 33019 76932 93303*, 93304*, 93306*, 93307*, 93308*, 93356*** 93350*, 93351*, 93356*** 93319, 93320, 93321, 93325	Pericardiocentesis Ultrasound guidance for endomyocardial biopsy Transthoracic Echocardiography Stress Echocardiography Doppler echocardiography, add- on codes	1) Cardiology certification by the American Board of Internal Medicine (ABIM) or 2) Cardiology Certification by the American Osteopathic Board of Internal Medicine (AOBIM) AND Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transthoracic Echocardiography
	93312*, 93313*, 93314*, 93315*	Echocardiography, trans esophageal,	1) Cardiology certification by the American Board of Internal Medicine (ABIM) or 2) Cardiology Certification by the American Osteopathic Board of Internal Medicine (AOBIM) AND 3) Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transesophageal

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
			Echocardiography
	71555* 75557*, 75559*, 75561*, 75563*	MRA Chest Cardiac magnetic resonance Imaging	1) Certification Board of Cardiovascular Magnetic Resonance (CBCMR) certification 2) Facility MRI accreditation from: The American College of Radiology (ACR) with Cardiac module Or IAC with Cardiovascular MRI Or RadSite with Cardiac Module
	75572*, 75573*	Cardiac CT	1) Certification in Cardiovascular Disease from the American Board of Internal Medicine (ABIM) Or Certification in Cardiovascular Disease from the American Osteopathic Board of Internal Medicine (AOBIM) AND 2) Facility CT accreditation from: The American College of Radiology (ACR) with Cardiac module Or Intersocietal Accreditation Commission (IAC) with Coronary Calcium Scoring module or Coronary CTA module Or

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	75574* (coronary CTA)	Cardiac CT Angiography	<p>RadSite with Cardiac module</p> <p>Certification same as above</p> <p>Accreditation requirement: The American College of Radiology (ACR) with Cardiac module</p> <p>Or</p> <p>IAC with Coronary CTA module</p> <p>Or</p> <p>RadSite with Cardiac module</p>
Cardiologists (Nuclear)	<p>78451*, 78452*, 78453*, 78454*</p> <p>78466*, 78468*, 78469*, 78472*, 78473*, 78481*, 78483*, 78494*, 78496*</p> <p>78803*, 78830*</p> <p>76932</p>	<p>Myocardial perfusion imaging</p> <p>Myocardial infarction scans Cardiac blood pool imaging Gated heart planar</p> <p>SPECT</p> <p>Echo Guide For Heart Biopsy</p>	<p>Certification by the American Board of Radiology (ABR)</p> <p>or</p> <p>American Board of Nuclear Medicine (ABNM)</p> <p>or</p> <p>American Board of Internal Medicine (ABIM), Cardiology</p> <p>and</p> <p>1) Certification Board for Nuclear Cardiology (CBNC).</p> <p>or</p> <p>2) Cardiologists who have recently completed an accredited cardiology fellowship within the last year and completion of Level 2 Core Cardiology Training Symposium (COCATS) training in nuclear cardiology</p> <p>AND</p> <p>1) Laboratories accredited by the Intersocietal Accreditation Commission (IAC)</p>

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
			Nuclear/PET – in Nuclear Cardiology or 2) American College of Radiology (ACR) in Nuclear Medicine– Nuclear Cardiology Module or 3) Radsite in Nuc Med Cardiac Module
Cardiologists (Cardiac PET)	78459*, 78491*, 78492*, 78429*, 78430*, 78431*, 78432*, 78433*, 78434*	Myocardial imaging, positron emission tomography (PET)	1) American Board of Radiology (ABR) or 2) American Board of Nuclear Medicine (ABNM) or 3) American Board of Internal Medicine (ABIM), Cardiology subspecialty AND 1) Certification Board of Nuclear Cardiology (CBNC) or 2) Cardiologist who have completed an accredited cardiology fellowship within the last year and completion of Level 2 Core Cardiology Training Symposium (COCATS) training in nuclear cardiology AND 1) Laboratories accredited by the Intersocietal Accreditation

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
			Commission (IAC) Nuclear/PET in Cardiac imaging or 2) American College of Radiology (ACR) PET accreditation with cardiac module or 3) Radsite in PET-Cardiac Module
Pediatric Cardiologist	71045, 71046, 71047, 71048 76820**, 76821** 76825**, 76826**, 76827**, 76828**	Chest imaging Doppler velocimetry, fetal Echo, fetal, cardiovascular Doppler echo, fetal pulsed or continuous wave. f/u or repeat	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	93312*, 93313*, 93314*, 93315*	Echocardiography, trans esophageal	1) Certification in pediatric cardiology by the American Board of Pediatrics (ABP) And 2) Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Pediatric Transesophageal Echocardiography

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	33016, 33017, 33018, 33019 76932 93303*, 93304*, 93306*, 93307*, 93308*, 93356*** 93319*, 93320, 93321, 93325 93350,* 93351*, 93356***	Pericardiocentesis Ultrasound guidance for endomyocardial biopsy Transthoracic echocardiography Doppler echocardiography, add- on codes Stress echocardiography	Certification in pediatric cardiology by the American Board of Pediatrics (ABP) AND Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Pediatric Transthoracic Echocardiography
	71555* 75557*, 75559*, 75561*, 75563*	MRA Chest Cardiac magnetic resonance Imaging	1) Certification Board of Cardiovascular Magnetic Resonance (CBCMR) certification 2) Facility MRI accreditation from: The American College of Radiology (ACR) with Cardiac module Or IAC with Cardiovascular MRI Or RadSite with Cardiac Module
Chiropractors	72040, 72070, 72080, 72100	Spine imaging	Chiropractors are exempt from ABMS certification. Accreditation not required for codes in this section.
Colon & Rectal Surgeons	76872 76942	Ultrasound transrectal Ultrasound guidance for biopsy	Certification by the American Board of Colon & Rectal Surgery (ABCRS)

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Endocrinologists	77080, 77081, 77085	DEXA studies, bone	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	76536 76942	Thyroid ultrasound Ultrasound guidance for biopsy	American Institute of Ultrasound Medicine (AIUM) in Thyroid/Parathyroid and Neck.
Gastroenterologists	76975* 76391* 76978* 76979*	Endoscopic ultrasound MR elastography Ultrasound, targeted dynamic microbubble sonographic	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	76942	Ultrasound guidance for biopsy	
General Surgeons	76942 76641 76642	Ultrasound guidance for biopsy Breast ultrasound, complete Breast ultrasound, limited	For breast ultrasound and ultrasound guided breast biopsy: Physicians must be certified in breast ultrasound by the American Soc. of Breast Surgeons (ASBS) AND facilities must have accreditation from the ASBS for breast ultrasound and ultrasound guided breast biopsy or be accredited by ACR in breast ultrasound or The AIUM in interventional breast ultrasound
Geriatricians	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.

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	93303*, 93304*, 93306*, 93307*, 93308*, 93356*** 93319*, 93320, 93321, 93325	Transthoracic echocardiography Doppler echocardiography, add-on codes	Non-cardiologists: National Board of Echocardiography (NBE) certification in Adult Echocardiography AND Laboratories accredited by the Intersocietal Accreditation Commission (IAC) in Adult Transthoracic Echocardiography
Hand Surgeons	76000 73100, 73110, 73115, 73120, 73130, 73140	Fluoroscopy Upper extremity imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
Head and Neck Surgeons (ENT, Otolaryngologists)	76942 76536	Ultrasound guidance for biopsy only Thyroid ultrasound	American Institute of Ultrasound Medicine (AIUM) in Thyroid/Parathyroid and Neck
Hematologist/Oncologists Medical Oncologists	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
Maternal and Fetal Medicine	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirements to perform screening mammography
	74740 77080, 77081, 77085 76830, 76856, 76857 76831	Hysterosalpingography DEXA studies, bone densitometry Ultrasonic guidance Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	76815**, 76816**, 76817**	Ultrasound: obstetrical	
	76376*	3D Rendering w/ interpretation & <i>not</i> requiring image postprocess	
	76377*	3D Rendering w/ interpretation & requiring image postprocess	
	76941, 76942, 76945, 76946, 76948	Ultrasonic guidance	
	76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**	Ultrasound: obstetrical, pelvic, guidance	American Institute of Ultrasound Medicine (AIUM) accreditation in obstetrics ultrasound
	93325	Doppler echocardiography, add-on	or ACR accreditation in obstetrical ultrasound
Nephrologists	77021*	MR guidance for needle placement	Board certification by an ABMS recognized board.
	77002	Needle Localization By Xray	Accreditation not required for codes in this section.
	77012	CT scan for needle biopsy	
	76942	Ultrasound guidance for biopsy	
Neurology	93880	Duplex scan of extracranial	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Nuclear Medicine	78012*, 78013*, 78014*, 78015*, 78016*, 78018*, 78020*, 78070*, 78071*, 78072*, 78075*, 78102*, 78103*, 78104*, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185*, 78191, 78195*, 78201*, 78202*, 78215*, 78216*, 78226*, 78227*, 78230*, 78231*, 78232*, 78258*, 78261*, 78262*, 78264*, 78278*, 78282*, 78290*, 78291*, 78300*, 78305*, 78306*, 78315*, 78579*, 78580*, 78582*, 78597*, 78598*, 78600*, 78601*, 78605*, 78606*, 78610*, 78630*, 78635*, 78645*, 78650*, 78660*, 78700*, 78701*, 78707*, 78708*, 78709*, 78725*, 78730*, 78740*, 78761*, 78800*, 78801*, 78802*, 78803*, 78804*, 78808, 78811*, 78812*, 78813*, 78814*, 78815*, 78816*, 78830*, 78831*, 78832*	Nuclear medicine studies	Physicians to be certified by ABR or American Board of Nuclear Medicine (ABNM)
OB/GYN	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirement to perform screening mammography

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	74740	Hysterosalpingography	Board certification by an ABMS recognized board.
	77080, 77081, 77085	DEXA studies, bone densitometry	Accreditation not required for codes in this section.
	76815**, 76816**, 76817**	Ultrasound: obstetrical	
	76830, 76856, 76857	Ultrasonic guidance	
	76376	3D Rendering w/ interpretation & <i>not</i> requiring image postprocess	
	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	
	76377*	3D Rendering w/ interpretation & requiring image postprocess	
	76941, 76945, 76946, 76948	Ultrasonic guidance	
	76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**	Ultrasound: obstetrical, pelvic,	AIUM accreditation in obstetrics ultrasound
	93325	Doppler echocardiography	or ACR accreditation in obstetrical ultrasound
Oral Surgeons	70100, 70110, 70140, 70150	Mandible and facial bone imaging	Board certification by an ABMS recognized board.
	70300, 70310, 70320	Teeth imaging	Accreditation not required for codes in this section.
	70328, 70330	TMJ imaging	
	70350	Cephalogram	
	70355	Orthopantogram	

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Orthopedists (Including Pediatric Orthopedists, Orthopedic Surgeons and Pediatric Orthopedic Surgeon)	71100, 71101, 71110, 71111 71120, 71130 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190 72200, 72202, 72220 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660 76000, 77002, 77003 77071 77073 77077	Radiologic examination, ribs Radiologic examination, sternum Spine and Pelvis imaging Imaging sacroiliac joints Imaging to upper and lower extremities Fluoroscopy Radiologic examination, any joint Bone length studies Joint survey	Board certification by an ABMS recognized board. Accreditation not required for codes in this row.
	76881 76882 76883*** 76885 76886 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, Per extremity Ultrasound, infant hips Ultrasound, infant hips, limited Ultrasound guidance for biopsy	AIUM accreditation in musculoskeletal ultrasound
Pain Specialists (physiatrists, anesthesiologists, neurologists, and neurosurgeons)	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120 74018, 74019, 74021 76000, 77002, 77003 76942	Radiologic examination, spine Abdomen Imaging Fluoroscopy Fluoroscopic guidance Ultrasound guidance for biopsy	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Pediatricians	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Lower extremity imaging	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	76881 76882 76883*** 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, Per extremity Ultrasound guidance for biopsy	AIUM accreditation in musculoskeletal ultrasound
Pulmonologists	71045, 71046, 71047, 71048	Chest imaging	Board certification by an ABMS recognized board. Accreditations not required for codes in this section.
Radiation Oncologists	77011	CT guidance for stereotactic localization	Board certification by an ABMS recognized board. Accreditations not required for codes in this section.
	77012	CT guidance for needle placement	
	77014*	CT guidance for placement of radiation therapy fields	
	76873	Prostate volume study for brachytherapy treatment planning	
	76965*	Ultrasound guidance for interstitial radioelement application	
	76942	Ultrasound guidance for biopsy only	
Reproductive Endocrinologists	77067 77061, 77062, 77063, G0279	Screening Mammography with Computer Aided Detection Tomosynthesis	Must be fully compliant with MQSA requirements to perform screening Mammography.

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
	77080, 77081, 77085	DEXA studies, bone densitometry	Board certification by an ABMS recognized board.
	76830, 76856, 76857, 76376*	Ultrasonic guidance 3D Rendering w/ interpretation & not requiring image postprocess	Accreditation not required for codes in this section.
	76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	
	76377*	3D Rendering w/ interpretation & requiring image postprocess	
	76948	Ultrasound guidance for aspiration of ova	
	76815**, 76816**, 76817**	Ultrasound: obstetrical	
	74740	Hysterosalpingography	
	76700, 76705	Ultrasound, Abdominal	AIUM accreditation in obstetrics
	76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814**, 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**, 76941	Ultrasound: obstetrical, pelvic, guidance	or ACR accreditation in obstetrical ultrasound
	76942 76945, 76946 76998	Doppler echocardiography, add-on	
	93325		

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Rheumatologists	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220, 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660, 76000, 77002, 77003, 77071, 77073, 77077, 77080, 77081, 77085	Spine and Pelvis imaging Imaging sacroiliac joints Imaging to upper and lower extremities Fluoroscopy Radiologic examination, any joint Bone length studies Joint survey DEXA studies, bone densitometry	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	76881 76882 76883*** 76885 76886 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, Per extremity Ultrasound, infant hips Ultrasound, infant hips, limited Ultrasound guidance for needle placement	AIUM accreditation in musculoskeletal ultrasound

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Provider Specialty	Procedure Code	Code Description	Certification & Accreditation Requirement(s)
Sports Medicine, Physical Medicine and Rehab	71100, 71101, 71110, 71111 71120, 71130	Radiologic examination, ribs Radiologic examination, sternum	Board certification in sports medicine and combined fellowship, residency and training in sports medicine of at least four (4) years.
	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190	Spine and Pelvis imaging	
	72200, 72202, 72220 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660	Imaging sacroiliac joints Imaging to upper and lower extremities	
	76881 76882 76883*** 76942	Ultrasound, extremity Ultrasound, extremity, limited Ultrasound, Per extremity Ultrasound guidance for biopsy	AIUM accreditation in dedicated musculoskeletal ultrasound
Urologists	74455 74410 74415 74420	Urethrocystography X-ray urinary tract	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.

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	76770	Ultrasound, abdomen, retroperitoneal	AIUM accreditation in urologic ultrasound
	76775	Ultrasound, retroperitoneal, limited	
	76870, 76872	Ultrasounds - scrotum, trans rectal	
	76873	Prostate volume study for brachytherapy treatment planning	
	76942	US guidance for biopsy	
	76856	Ultrasound, pelvic, complete	
	76857	Ultrasound pelvic limited or follow up	
Vascular Neurology	76125	Cineradiography/ videoradiography	Certification by the American Board of Medical Specialties (ABMS) in Vascular Neurology
	75898	Angiography through existing catheter	
	75894	Transcatheter therapy, embolization	
	75600	Aortography, thoracic, without serialography	
Vascular Surgeons	77001	Fluoroscopic guidance for central venous access device	Board certification by an ABMS recognized board. Accreditation not required for codes in this section.
	76937	Ultrasound guidance for vascular access	

References

1. American Board of Radiology (ABR) <http://www.theabr.org/>
2. American College of Radiology (ACR) <http://www.acr.org/>
3. American Osteopathic Board of Radiology (AOBR) <http://www.aocr.org/>
4. American Institute of Ultrasound in Medicine (AIUM) <http://www.aium.org/>
5. Intersocietal Accreditation Commission (IAC) <http://www.intersocietal.org/intersocietal.htm>

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6. Mammography Quality Standards Act (MQSA) <http://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm110823.htm>
7. RadSite <https://radsitequality.com/>
8. National Board of Echocardiography (NBE) <https://online.echobords.org/>
9. Certification Board of Nuclear Cardiology (CBNC) <https://www.apca.org/>
10. American Osteopathic Board of Internal Medicine (AOBIM) <https://www.aobim.org/>
11. American Board of Internal Medicine (ABIM) <https://www.abim.org/>
12. American Board of Medical Specialties (ABMS) <https://www.abms.org/>
13. American Board of Colon & Rectal Surgery (ABCRS) <https://www.abcrs.org/>
14. American Society of Breast Surgeons (ASBS) <https://www.breastsurgeons.org/>

Revision history

DATE	REVISION
2/2025	<u>Updates effective 4/01/2025:</u> <ul style="list-style-type: none"> Following Codes Added: <ul style="list-style-type: none"> 76942 added to provider specialties: Gastroenterologists and Pain Specialists 76770 added to provider specialty: Urologists
4/2024	<u>2024 Updates:</u> <ul style="list-style-type: none"> Key updated: <ul style="list-style-type: none"> EviCore Healthcare is now EviCore by Evernorth Removed "+ Archived CPT" Following Codes Added: <ul style="list-style-type: none"> 93356 added wherever the primary codes are under the specialties, (this is add-on code to 93303-93304, 93306, 93307, 93308, 93350-93351). 78434 added to provider specialties: Cardiologists (Cardiac PET) 77003 added to provider specialties: Orthopedics, Pain Specialists, and Rheumatologists References/hyperlinks updated where appropriate.
5/2023	<ul style="list-style-type: none"> Key Updated: <ul style="list-style-type: none"> Code added effective 1/01/2023: 76883 Removed 33016, 33017, 33018 and 33019 (Pericardiocentesis) from Maternal and Fetal Medicine and OB/GYN Provider Specialty
2/1/2023	<ul style="list-style-type: none"> Key corrected: <ul style="list-style-type: none"> CPT 75572, 75573 and 75574 added, effective 01/01/2022
10/2022	<ul style="list-style-type: none"> Key Updated: <ul style="list-style-type: none"> updated to indicate code(s) added effective 1/01/2022

Reimbursement Policy:**Outpatient Imaging Self-Referral (Commercial, Medicare, Medicaid)
(Administered by EviCore by Evernorth)**

DATE	REVISION
	<ul style="list-style-type: none">○ 76376 and 76377 added to provider Specialties: OBGYN, Maternal and Fetal Medicine and Reproductive Endocrinology, effective 05/01/2022○ CPT 75572, 75573 and 75574 added, effective 11/14/2022• Deleted Codes from Nuclear Medicine: 78190, 78270, 78271, and 78272• Added 76856 under “Urologists”
9/2021	<ul style="list-style-type: none">• Updated Policy to include new accreditation requirements:<ul style="list-style-type: none">○ Facility MRI accreditation required effective 10/01/2021 and○ CBCMR certification required effective 08/01/2022
7/2021	<ul style="list-style-type: none">• New Policy