



MASSACHUSETTS

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Medical Policy

Carelon (formerly AIM) Advanced Imaging/Radiology CPT and HCPCS Codes

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Related Policies

- **Medicare Advantage: Advanced Imaging/Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- Carelon Advanced Imaging of the Heart, #972
- Carelon Advanced Imaging/Radiology, #968
- Carelon Advanced Imaging of the Heart CPT and HCPCS Codes, #971
- Carelon Abdomen and Pelvic Imaging CPT and Diagnoses Codes, #930
- Carelon Brain Imaging CPT and Diagnoses Codes, #931
- Carelon Chest Imaging CPT and Diagnoses Codes, #932
- Carelon Extremity Imaging CPT and Diagnoses Codes, #933
- Carelon Head and Neck Imaging CPT and Diagnoses, #934
- Carelon Oncologic Imaging CPT and Diagnoses Codes, #929
- Carelon Spine Imaging CPT and Diagnoses Codes, #935
- Carelon Vascular Imaging CPT and Diagnoses Codes, #936
- Non-Invasive Vascular Studies - Duplex Scans, #691

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Commercial Products

The following CPT and HCPCS codes are in-scope under the Carelon High Technology Radiology Management Program for Commercial Managed Care (HMO and POS) and Commercial PPO and EPO. For medical necessity criteria, see [Carelon Medical Benefits Management Clinical Guidelines for Advanced Imaging/Radiology](#).

Medicare Advantage Products

The following CPT and HCPCS codes are in-scope under the Carelon Advanced Imaging/Radiology Management Program for Medicare HMO and PPO. For medical necessity criteria, see [Carelon Medical Benefits Management Clinical Guidelines for Advanced Imaging/Radiology](#).

Table 1. Abdomen and Pelvic Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Abdomen and Pelvis Imaging Diagnoses Codes \(#930\) here.](#)

The following codes may be applicable to abdominal and pelvic imaging and may not be all-inclusive.

CPT codes	Code Description
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)
72192	CT pelvis without contrast
72193	CT pelvis with contrast
72194	CT pelvis without contrast, followed by re-imaging with contrast
72195	MRI pelvis without contrast
72196	MRI pelvis with contrast
72197	MRI pelvis without contrast, followed by re-imaging with contrast
74150	CT abdomen without contrast
74160	CT abdomen with contrast
74170	CT abdomen without contrast, followed by re-imaging with contrast
74176	CT abdomen and pelvis without contrast
74177	CT abdomen and pelvis with contrast
74178	CT abdomen and pelvis without contrast in one or both body regions, followed by re-imaging with contrast
74181	MRI abdomen without contrast
74182	MRI abdomen with contrast
74183	MRI abdomen without contrast, followed by re-imaging with contrast
74261	CT colonography diagnostic, including image post-processing, without contrast
74262	CT colonography diagnostic, including image post-processing, with contrast including non-contrast images, if performed
74263	CT colonography screening, including image post-processing
74712	MRI fetal, including placental and maternal pelvic imaging when performed, single or first gestation
74713	MRI fetal, including placental and maternal pelvic imaging when performed, each additional gestation
HCPCS	Code Description
None	None

Table 2. Brain Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Brain Imaging Diagnoses Codes \(#931\) here.](#)

The following codes may be applicable to brain imaging and may not be all-inclusive.

CPT codes	Code Description
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0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time
70450	CT head/brain, without contrast
70460	CT head/brain, with contrast
70470	CT head/brain, without contrast, followed by re-imaging with contrast
70480	CT orbit, sella, or posterior fossa or outer, middle or inner ear, without contrast
70481	CT orbit, sella, or posterior fossa or outer, middle or inner ear, with contrast
70482	CT orbit, sella, or posterior fossa or outer, middle or inner ear, without contrast, followed by re-imaging with contrast
70551	MRI brain (including brain stem), without contrast
70552	MRI brain (including brain stem), with contrast
70553	MRI brain (including brain stem), without contrast, followed by re-imaging with contrast
70554	MRI brain functional, not requiring physician or psychologist administration
70555	MRI brain functional, requiring physician or psychologist administration of entire neurofunctional testing
76390	MRI spectroscopy
78608	Brain imaging PET, metabolic evaluation
78609	Brain imaging PET, perfusion evaluation
HCPCS	Code Description
None	None

Table 3. Chest Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Chest Imaging Diagnoses Codes \(#932\) here.](#)

The following codes may be applicable to chest imaging and may not be all-inclusive.

CPT codes	Code Description
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
71250	Computed tomography, thorax, diagnostic; without contrast material
71260	Computed tomography, thorax, diagnostic; with contrast material(s)
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
71550	MRI chest, without contrast
71551	MRI chest, with contrast
71552	MRI chest, without contrast, followed by re-imaging with contrast
77046	MRI breast without contrast material(s); unilateral
77047	MRI breast without contrast material(s); bilateral
77048	MRI breast without and with contrast with CAD; unilateral
77049	MRI breast without and with contrast with CAD; bilateral
78811	PET imaging, limited area
78812	PET imaging, skull to mid-thigh
78813	PET imaging, whole body
78814	PET imaging, with concurrently acquired CT for attenuation correction and anatomic

	localization; limited area
78815	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; skull base to mid-thigh
78816	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; whole body
HCPCS	Code Description

Table 4. Extremity Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Extremities Imaging Diagnoses Codes \(#933\) here.](#)

The following codes may be applicable to extremity imaging and may not be all inclusive.

CPT codes	Code Description
73200	CT upper extremity, without contrast
73201	CT upper extremity, with contrast
73202	CT upper extremity, without contrast, followed by re-imaging with contrast
73218	MRI upper extremity non-joint, without contrast
73219	MRI upper extremity non-joint, with contrast
73220	MRI upper extremity non-joint, without contrast, followed by re-imaging with contrast
73221	MRI upper extremity any joint, without contrast
73222	MRI upper extremity any joint, with contrast
73223	MRI upper extremity any joint, without contrast, followed by re-imaging with contrast
73700	CT lower extremity, without contrast
73701	CT lower extremity, with contrast
73702	CT lower extremity, without contrast, followed by re-imaging with contrast
73718	MRI lower extremity non-joint, without contrast
73719	MRI lower extremity non-joint, with contrast
73720	MRI lower extremity non-joint, without contrast, followed by re-imaging with contrast
73721	MRI lower extremity any joint, without contrast
73722	MRI lower extremity any joint, with contrast
73723	MRI lower extremity any joint, without contrast, followed by re-imaging with contrast
78811	PET imaging, limited area
78812	PET imaging, skull to mid-thigh
78813	PET imaging, whole body
78814	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; limited area
78815	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; skull base to mid-thigh
78816	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; whole body
HCPCS	Code Description
None	None

Table 5. Head and Neck Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Head and Neck Imaging Diagnoses Codes \(#934\) here.](#)

The following codes may be applicable to the head and neck imaging and may not be all inclusive.

CPT codes	Code Description
70336	MRI of the temporomandibular joint(s)
70450	CT head/brain, without contrast
70460	CT head/brain, with contrast
70470	CT head/brain, without contrast, followed by re-imaging with contrast
70480	CT of orbit, sella, or posterior fossa or outer, middle or inner ear, without contrast
70481	CT of orbit, sella, or posterior fossa or outer, middle or inner ear, with contrast
70482	CT of orbit, sella, or posterior fossa or outer, middle or inner ear, without contrast, followed by re-imaging with contrast
70486	CT of maxillofacial area, without contrast

70487	CT of maxillofacial area, with contrast
70488	CT of maxillofacial area, without contrast, followed by re-imaging with contrast
70490	CT, soft tissue neck, without contrast
70491	CT, soft tissue neck, with contrast
70492	CT, soft tissue neck, without contrast, followed by re-imaging with contrast
70540	MRI orbit, face and neck, without contrast
70542	MRI orbit, face and neck, with contrast
70543	MRI orbit, face and neck, without contrast, followed by re-imaging with contrast
70551	MRI brain (including brain stem), without contrast
70552	MRI brain (including brain stem), with contrast
70553	MRI brain (including brain stem), without contrast, followed by re-imaging with contrast
HCPCS	Code Description
None	None

Table 6. Spine Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Spine Imaging Diagnoses Codes \(#935\) here.](#)

The following codes may be applicable to the spine imaging and may not be all-inclusive.

CPT codes	Code Description
72125	CT cervical spine, without contrast
72126	CT cervical spine, with contrast
72127	CT cervical spine, without contrast, followed by reimaging with contrast
72128	CT thoracic spine, without contrast
72129	CT thoracic spine, with contrast
72130	CT thoracic spine, without contrast, followed by reimaging with contrast
72131	CT lumbar spine, without contrast
72132	CT lumbar spine, with contrast
72133	CT lumbar spine, without contrast, followed by reimaging with contrast
72141	MRI cervical spine, without contrast
72142	MRI cervical spine, with contrast
72146	MRI thoracic spine, without contrast
72147	MRI thoracic spine, with contrast
72148	MRI lumbar spine, without contrast
72149	MRI lumbar spine, with contrast
72156	MRI cervical spine, without contrast, followed by reimaging with contrast
72157	MRI thoracic spine, without contrast, followed by reimaging with contrast
72158	MRI lumbar spine, without contrast, followed by reimaging with contrast
77078	CT bone mineral density study, 1 or more sites, axial skeleton
78811	PET imaging, limited area
78812	PET imaging, skull to mid-thigh
78813	PET imaging, whole body
78814	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; limited area
78815	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; skull base to mid-thigh
78816	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; whole body
HCPCS	Code Description
None	None

Table 7. Vascular Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Vascular Imaging Diagnoses Codes \(#936\) here.](#)

The following codes may be applicable to the vascular imaging and may not be all inclusive.

CPT codes	Code Description
70450	CT head, without contrast

70460	CT head, with contrast
70470	CT head, without contrast, followed by re-imaging with contrast
70496	CT angiography head, with contrast material(s), including noncontrast images, if performed, and image post-processing
70498	CT angiography neck, with contrast material(s), including noncontrast images, if performed, and image post-processing
70544	MR angiography head, without contrast
70545	MR angiography head, with contrast
70546	MR angiography head, without contrast, followed by re-imaging with contrast
70547	MR angiography neck, without contrast
70548	MR angiography neck, with contrast
70549	MR angiography neck, without contrast, followed by re-imaging with contrast
70551	MRI head, without contrast
70552	MRI head, with contrast
70553	MRI head, without contrast, followed by re-imaging with contrast
71250	Computed tomography, thorax, diagnostic; without contrast material
71260	Computed tomography, thorax, diagnostic; with contrast material(s)
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
71275	CT angiography of chest (non-coronary), with contrast material(s), including non-contrast images, if performed, and image post-processing
71550	MRI chest, without contrast
71551	MRI chest, with contrast
71552	MRI chest, without contrast, followed by re-imaging with contrast
71555	MR angiography chest (excluding the myocardium) without contrast, followed by re-imaging with contrast
72159	MR angiography spinal canal
72191	CT angiography pelvis, with contrast material(s), including non-contrast images, if performed, and image post-processing
72192	CT pelvis, without contrast
72193	CT pelvis, with contrast
72194	CT pelvis without contrast, followed by re-imaging with contrast
72195	MRI pelvis, without contrast
72196	MRI pelvis, with contrast
72197	MRI pelvis, without contrast, followed by re-imaging with contrast
72198	MR angiography pelvis; without contrast, followed by re-imaging with contrast
73206	CT angiography upper extremity, with contrast material(s), including non-contrast images, if performed, and image post-processing Vascular Imaging
73225	MR angiography upper extremity, without and with contrast
73706	CT angiography lower extremity, with contrast material(s), including noncontrast images, if performed, and image post-processing
73725	MR angiography lower extremity, without and with contrast
74150	CT abdomen, without contrast
74160	CT abdomen, with contrast
74170	CT abdomen, without contrast, followed by re-imaging with contrast
74174	CT angiography abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post-processing
74175	CT angiography abdomen, with contrast material(s), including non-contrast images, if performed, and image post-processing
74176	CT abdomen and pelvis, without contrast
74177	CT abdomen and pelvis, with contrast
74178	CT abdomen and pelvis, without contrast, followed by re-imaging with contrast
74181	MRI abdomen, without contrast
74182	MRI abdomen, with contrast
74183	MRI abdomen, without contrast, followed by re-imaging with contrast
74185	MR angiography abdomen; without or with contrast

75635	CT angiography abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including non-contrast images, if performed, and image post-processing
<p>EXCEPTIONS: The following codes do not require prior authorization through Carelon Medical Benefits Management (formerly AIM Specialty Health). These codes are addressed in Blue Cross Blue Shield of Massachusetts Medical Policy #691 Non-Invasive Vascular Studies - Duplex Scans. The codes below are considered medically necessary when the policy criteria are met. Prior authorization is not required.</p>	
93880	Duplex scan of extracranial arteries; complete bilateral study
93882	Duplex scan of extracranial arteries; unilateral or limited study
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/ brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (e.g., for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (e.g., measurements with postural provocative tests, or measurements with reactive hyperemia)
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (i.e., bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
HCPCS	Code Description
None	None

Table 8. Oncologic Imaging CPT, HCPCS and Diagnoses Codes

[You may access the Oncologic Imaging Diagnoses Codes \(#929\) here.](#)

Note: For oncologic imaging related to other areas of the body, see relevant tables above.

The following codes may be applicable to oncologic imaging and may not be all inclusive.

CPT codes	Code Description
70450	CT head/brain, without contrast
70460	CT head/brain, with contrast
70470	CT head/brain, without contrast, followed by re-imaging with contrast
70480	CT of orbit, sella, or posterior fossa and outer, middle or inner ear, without contrast
70481	CT of orbit, sella, or posterior fossa and outer, middle or inner ear, with contrast
70482	CT of orbit, sella, or posterior fossa and outer, middle or inner ear, without contrast, followed by re-imaging with contrast

70486	CT of maxillofacial area, without contrast
70487	CT of maxillofacial area, with contrast
70488	CT of maxillofacial area, without contrast, followed by re-imaging with contrast
70490	CT, soft tissue neck, without contrast
70491	CT, soft tissue neck, with contrast
70492	CT, soft tissue neck, without contrast, followed by re-imaging with contrast
70540	MRI orbit, face and neck, without contrast
70542	MRI orbit, face and neck, with contrast
70543	MRI orbit, face and neck, without contrast, followed by re-imaging with contrast
70551	MRI brain (including brain stem), without contrast
70552	MRI brain (including brain stem), with contrast
70553	MRI brain (including brain stem), without contrast, followed by re-imaging with contrast
70554	MRI brain functional, not requiring physician or psychologist administration
70555	MRI brain functional, requiring physician or psychologist administration of entire neurofunctional testing
71250	Computed tomography, thorax, diagnostic; without contrast material
71260	Computed tomography, thorax, diagnostic; with contrast material(s)
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections
71550	MRI chest, without contrast
71551	MRI chest, with contrast
71552	MRI chest, without contrast, followed by re-imaging with contrast
72125	CT cervical spine, without contrast
72126	CT cervical spine, with contrast
72127	CT cervical spine, without contrast, followed by re-imaging with contrast
72128	CT thoracic spine, without contrast
72129	CT thoracic spine, with contrast
72130	CT thoracic spine, without contrast, followed by re-imaging with contrast
72131	Computed tomography, lumbar spine; without contrast material
72132	Computed tomography, lumbar spine; with contrast material
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	MRI of thoracic spine, without contrast
72147	MRI of thoracic spine, with contrast
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	MRI of thoracic spine, without contrast, followed by re-imaging with contrast
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72192	CT pelvis without contrast
72193	CT pelvis with contrast
72194	CT pelvis without contrast, followed by re-imaging with contrast
72195	MRI pelvis without contrast
72196	MRI pelvis with contrast
72197	MRI pelvis without contrast, followed by re-imaging with contrast
73200	CT upper extremity, without contrast

73201	CT upper extremity, with contrast
73202	CT upper extremity, without contrast, followed by re-imaging with contrast
73218	MRI upper extremity non-joint, without contrast
73219	MRI upper extremity non-joint, with contrast
73220	MRI upper extremity non-joint, without contrast, followed by re-imaging with contrast
73221	MRI upper extremity any joint, without contrast
73222	MRI upper extremity any joint, with contrast
73223	MRI upper extremity any joint, without contrast, followed by re-imaging with contrast
73700	CT lower extremity, without contrast
73701	CT lower extremity, with contrast
73702	CT lower extremity, without contrast, followed by re-imaging with contrast
73718	MRI lower extremity non-joint, without contrast
73719	MRI lower extremity non-joint, with contrast
73720	MRI lower extremity non-joint, without contrast, followed by re-imaging with contrast
73721	MRI lower extremity any joint, without contrast
73722	MRI lower extremity any joint, with contrast
73723	MRI lower extremity any joint, without contrast, followed by re-imaging with contrast
74150	CT abdomen without contrast
74160	CT abdomen with contrast
74170	CT abdomen without contrast, followed by re-imaging with contrast
74176	CT abdomen and pelvis without contrast
74177	CT abdomen and pelvis with contrast
74178	CT abdomen and pelvis without contrast in one or both body regions, followed by re-imaging with contrast
74181	MRI abdomen without contrast
74182	MRI abdomen with contrast
74183	MRI abdomen without contrast, followed by re-imaging with contrast
74261	CT colonography diagnostic, including image post-processing, without contrast
74262	CT colonography diagnostic, including image post-processing, with contrast including non-contrast images, if performed
74263	CT colonography screening, including image post-processing
76390	MRI spectroscopy
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	MRI breast without and with contrast with CAD; unilateral
77049	MRI breast without and with contrast with CAD; bilateral
77084	MRI, bone marrow blood supply
78608	Brain imaging PET, metabolic evaluation
78609	Brain imaging PET, perfusion evaluation
78811	PET imaging, limited area
78812	PET imaging, skull to mid-thigh
78813	PET imaging, whole body
78814	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; limited area
78815	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; skull base to midhigh
78816	PET imaging, with concurrently acquired CT for attenuation correction and anatomic localization; whole body
HCPCS	Code Description
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
A9552	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries Note: Prior authorization not required when billed with cardiac diagnosis.
A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries

A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie
A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
A9595	Piflufolastat f-18, diagnostic, 1 millicurie
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie
A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie
A9602	Fluorodopa f-18, diagnostic, per millicurie
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
Q9982	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries

Policy History

4/2023	Radiotracer codes A9602; A9800 added. These codes will require prior authorization through AIM Specialty Health. Effective 4/8/2023.
11/2022	Radiotracer codes A9596; A9601 added. These codes will require prior authorization through AIM Specialty Health. Effective 11/1/2022.
10/2022	Radiotracer codes added. These codes will require prior authorization through AIM Specialty Health. Effective 10/8/2022.
3/2022	Clarified coding information.
1/2021	Clarified coding information.
5/2020	Clarified coding information.
4/2020	Clarified coding information.
11/2019	Document clarified to indicate that the following codes do not require prior authorization through AIM Specialty Health. The following codes are addressed in Blue Cross Blue Shield of Massachusetts Medical Policy #691 Non-Invasive Vascular Studies - Duplex Scans. These codes do not require prior authorization: 93880, 93882, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93978, 93979.
9/2019	Links to advanced imaging/radiology diagnoses codes under each section were added. Title changed to Advanced Imaging/Radiology. Effective 9/1/2019.
3/2019	New document #900 issued. Effective 3/1/2019.

Disclaimer:

Coverage is subject to applicable benefit contract. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Member's medical records must document that services are medically necessary for the care provided. BCBS MA maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available upon request. Failure to produce the requested information may result in denial or retraction of payment.