

# Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)

**Policy Number:** RADIOLOGY 037.40

**Effective Date:** January 1, 2026

☞ [Instructions for Use](#)

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## Related Policies

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- [Outpatient Cardiology Procedures for EviCore Arrangement \(for Oxford Only\)](#)
- [Collagen Crosslinks and Biochemical Markers of Bone Turnover](#)
- [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#)

## Coverage Rationale

Oxford has engaged EviCore, by Evernorth, to perform initial reviews of requests for prior authorization and medical necessity reviews that may include a site of service review. (Oxford continues to be responsible for decisions to limit or deny coverage and for appeals). Refer to the Medical Policy titled [Magnetic Resonance Imaging \(MRI\) and Computed Tomography \(CT\) Scan – Site of Service](#).

All prior authorization requests are handled by EviCore. To prior authorize a radiology procedure, contact EviCore via one of the two options listed below:

- Providers can call EviCore at 1-877-PRE-AUTH (1-877-773-2884); or
- Providers can log onto the [Prior Authorization and Notification App](#)

**Note:** It is Oxford's policy not to accept prior authorization requests from persons or entities other than referring physicians.

The notification/authorization number is valid for 45 calendar days. It is specific to the advanced outpatient imaging procedure requested, to be performed one time, for one date of service within the 45-day period.

EviCore has established an infrastructure to support the review, development, and implementation of comprehensive outpatient imaging criteria. The radiology evidence-based guidelines and management criteria are available on the EviCore web site using the [Prior Authorization and Notification App](#).

## Accreditation Requirements for Participating Providers

**Note:** Hospitals are currently excluded from the accreditation requirements listed below.

All MRI, PET, CT, nuclear medicine, and ultrasound studies must be performed on an American College of Radiology (ACR), American Institute of Ultrasound in Medicine (AIUM), Intersocietal Accreditation Commission (IAC), RadSite, or The Joint Commission (TJC) accredited unit or at accredited facilities. Refer to the Administrative Policy titled [Accreditation Requirements for Radiology Services](#).

Oxford has engaged EviCore to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [EviCore website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included.

The [Oxford Radiology Prior Notification/Authorization Crosswalk Table](#) contains a list of CPT® codes that are interchangeable for prior authorization. If a provider obtains prior authorization for a procedure that corresponds with the Crosswalk Table, then the substitution is appropriate.

## Background

The following radiology procedures may require prior authorization through EviCore:

- Computerized axial tomography (CAT) scan
- CT colonography/virtual colonoscopy (for diagnostic purposes)
- Magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)
- Nuclear medicine imaging
- Positron emission tomography (PET) scans

**Note:** Other procedures may be added to the list of procedures requiring prior authorization through EviCore healthcare, as necessary.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure)	10/01/2008	CAD
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	10/01/2008	CAD
0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	06/01/2021	MRI
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	06/01/2021	MRI
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	06/01/2021	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	06/01/2021	MRI
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	06/01/2021	CT Scan
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	06/01/2021	CT Scan
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	06/01/2021	CT Scan
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	06/01/2021	CT Scan
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	06/01/2021	CT Scan
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	06/01/2021	CT Scan
0697T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; multiple organs	01/01/2023	MRI
0698T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	01/01/2023	MRI
0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	01/01/2023	CT Scan
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	01/01/2023	CT Scan
0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	01/01/2023	CT Scan
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	01/01/2023	CT Scan
70336	MRI TMJ	04/15/1999	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
70450	Computed tomography, head or brain; without contrast material	04/15/1999	CT Scan
70460	CT Head/brain w/ contrast	04/15/1999	CT Scan
70470	CT Head/brain w/o & w/ contrast	04/15/1999	CT Scan
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	04/15/1999	CT Scan
70481	CT orbit w/ contrast	04/15/1999	CT Scan
70482	CT orbit w/o & w/ contrast	04/15/1999	CT Scan
70486	Computed tomography, maxillofacial area; without contrast material	04/15/1999	CT Scan
70487	CT Maxllfcl w/ contrast	04/15/1999	CT Scan
70488	CT Maxllfcl w/o & w/ contrast	04/15/1999	CT Scan
70490	Computed tomography, soft tissue neck; without contrast material	04/15/1999	CT Scan
70491	CT Soft tissue neck w/ contrast	04/15/1999	CT Scan
70492	CT Soft tissue neck w/o & w/ contrast	04/15/1999	CT Scan
70496	CT Angiography, head	05/01/2001	CT Scan
70498	CT Angiography, neck	05/01/2001	CT Scan
70540	MRI Face, orbit, neck w/o contrast	04/15/1999	MRI
70542	MRI Face, orbit, neck with contrast	05/01/2001	MRI
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	05/01/2001	MRI
70544	MRA Head w/o contrast	05/01/2001	MRA
70545	MRA Head w/ contrast	05/01/2001	MRA
70546	MRA Head w/ & w/o contrast	05/01/2001	MRA
70547	MRA Neck w/o contrast	05/01/2001	MRA
70548	MRA Neck w/ contrast	05/01/2001	MRA
70549	MRA Neck w/ & w/o contrast	05/01/2001	MRA
70551	MRI Head w/o contrast	04/15/1999	MRI
70552	MRI Head w/ contrast	04/15/1999	MRI
70553	MRI Head w/ & w/o contrast	04/15/1999	MRI
70554	MRI Brain, functional, w/ body part movement and/or visual stimulation	01/01/2007	MRI
70555	MRI Brain, functional, w/ entire neurofunctional testing	01/01/2007	MRI
71250	Computed tomography, thorax, diagnostic; without contrast material	04/15/1999	CT Scan
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	04/15/1999	CT Scan
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	04/15/1999	CT Scan
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	06/01/2021	CT Scan
71275	CT angiography, chest (noncoronary)	05/01/2001	CT Scan
71550	MRI Chest w/o contrast	04/15/1999	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
71551	MRI Chest w contrast	05/01/2001	MRI
71552	MRI Chest w & w/o contrast	05/01/2001	MRI
71555	MRA Chest (exc myocardium) w/ or w/o contrast	04/15/1999	MRA
72125	Computed tomography, cervical spine; without contrast material	04/15/1999	CT Scan
72126	CT C Spine w/ contrast	04/15/1999	CT Scan
72127	CT C Spine w/o & w/ contrast	04/15/1999	CT Scan
72128	Computed tomography, thoracic spine; without contrast material	04/15/1999	CT Scan
72129	CT T Spine w/ contrast	04/15/1999	CT Scan
72130	CT T Spine w/o & w/ contrast	04/15/1999	CT Scan
72131	Computed tomography, lumbar spine; without contrast material	04/15/1999	CT Scan
72132	CT L Spine w/ contrast	04/15/1999	CT Scan
72133	CT L Spine w/o & w/ contrast	04/15/1999	CT Scan
72141	MRI Cervical spine w/o contrast	04/15/1999	MRI
72142	MRI Cervical spine w/ contrast	04/15/1999	MRI
72146	MRI Thoracic spine w/o contrast	04/15/1999	MRI
72147	MRI Thoracic spine w/ contrast	04/15/1999	MRI
72148	MRI Lumbar spine w/o contrast	04/15/1999	MRI
72149	MRI Lumbar spine w/ contrast	04/15/1999	MRI
72156	MRI C Spine w/ & w/o contrast	04/15/1999	MRI
72157	MRI T Spine w/ & w/o contrast	04/15/1999	MRI
72158	MRI L Spine w/ & w/o contrast	04/15/1999	MRI
72159	MRA Spinal canal w/ or w/o contrast	04/15/1999	MRA
72191	CT Angiography pelvis	05/01/2001	CT Scan
72192	Computed tomography, pelvis; without contrast material	04/15/1999	CT Scan
72193	CT Pelvis w/ contrast	04/15/1999	CT Scan
72194	CT Pelvis w/o & w/ contrast	04/15/1999	CT Scan
72195	MRI Pelvis w/o contrast	05/01/2001	MRI
72196	MRI Pelvis w/ contrast	04/15/1999	MRI
72197	MRI Pelvis w/ & w/o contrast	05/01/2001	MRI
72198	MRA Pelvis w/ or w/o contrast	04/15/1999	MRA
73200	Computed tomography, upper extremity; without contrast material	04/15/1999	CT Scan
73201	CT Upper extremity w/ contrast	04/15/1999	CT Scan
73202	CT Upper extremity w/o & w/ contrast	04/15/1999	CT Scan
73206	CT Angiography upper extremity	02/04/2002	CT Scan
73218	MRI Upper extremity other than joint w/o contrast	05/01/2001	MRI
73219	MRI Upper extremity other than joint w contrast	05/01/2001	MRI
73220	MRI Upper extremity other than joint w/ & w/o contrast	04/15/1999	MRI
73221	MRI Upper extremity joint w/o contrast	04/15/1999	MRI
73222	MRI Upper extremity joint w/ contrast	05/01/2001	MRI
73223	MRI Upper extremity joint w/ & w/o contrast	05/01/2001	MRI
73225	MRA Upper extremity w/ or w/o contrast	04/15/1999	MRA

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
73700	Computed tomography, lower extremity; without contrast material	04/15/1999	CT Scan
73701	CT Lower extremity w/ contrast	04/15/1999	CT Scan
73702	CT Lower extremity w/o & w/ contrast	04/15/1999	CT Scan
73706	CT Angiography lower extremity	05/01/2001	CT Scan
73718	MRI Lower extremity other than joint w/o contrast	05/01/2001	MRI
73719	MRI Lower extremity joint w/ contrast	05/01/2001	MRI
73720	MRI Lower extremity other than joint w/ & w/o contrast	04/15/1999	MRI
73721	MRI Lower extremity joint w/o contrast	04/15/1999	MRI
73722	MRI Lower extremity joint w/ contrast	05/01/2001	MRI
73723	MRI Lower extremity joint w/ & w/o contrast	05/01/2001	MRI
73725	MRA Lower extremity w/ or w/o contrast	04/15/1999	MRA
74150	Computed tomography, abdomen; without contrast material	04/15/1999	CT Scan
74160	CT Abdomen w/ contrast	04/15/1999	CT Scan
74170	CT Abdomen w/o & w/ contrast	04/15/1999	CT Scan
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	01/01/2012	CT Scan
74175	CT Angiography abdomen	05/01/2001	CT Scan
74176	Computed tomography, abdomen and pelvis; without contrast material	01/01/2011	CT Scan
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	01/01/2011	CT Scan
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	01/01/2011	CT Scan
74181	MRI Abdomen w/o contrast	04/15/1999	MRI
74182	MRI Abdomen w/ contrast	05/01/2001	MRI
74183	MRI Abdomen w/ & w/o contrast	05/01/2001	MRI
74185	MRA Abdomen w/ or w/o contrast	04/15/1999	MRA
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	01/01/2010	CT Scan
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	01/01/2010	CT Scan
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	05/01/2014	CT Scan
75635	CT Angiography abdominal aorta and bilateral iliofemoral lower extremity runoff	05/01/2001	CT Scan
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	01/01/2006	MRI

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	01/01/2006	MRI
76380	CT Limited or localized follow-up study	04/15/1999	CT Scan
76390	MRI spectroscopy	01/01/2020	MRI
76391	Magnetic resonance (e.g., vibration) elastography	01/01/2019	MRI
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	10/01/2020	CT Scan
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	10/01/2020	MRI
76499	Unlisted procedure	04/15/1999	MRI
76975	Endoscopic ultrasound	03/01/2001	Diagnostic Ultrasound
77021	Magnetic resonance imaging guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	01/01/2007	MRI
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01/01/2019	MRI
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01/01/2019	MRI
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	01/01/2019	MRI
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	01/01/2019	MRI
77084	MRI Bone marrow blood supply	01/01/2007	MRI
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	08/01/2020	PET Scan
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	08/01/2020	PET Scan
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	08/01/2020	PET Scan
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability)	08/01/2020	PET Scan

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (e.g., myocardial viability); with concurrently acquired computed tomography transmission scan	08/01/2020	PET Scan
78466	Myocardial infarction scan	04/15/1999	Nuclear Med
78468	Heart infarct image EF	04/15/1999	Nuclear Med
78469	Heart infarct image 3-D	04/15/1999	Nuclear Med
78472	Gated heart, resting	04/15/1999	Nuclear Med
78473	Cardiac blood pool muga scan	04/15/1999	Nuclear Med
78481	Heart first pass single	04/15/1999	Nuclear Med
78483	Cardiac blood pool imaging-multiple	04/15/1999	Nuclear Med
78494	Cardiac blood pool imaging, spect	04/15/1999	Nuclear Med
78496	Cardiac Blood Pool Imaging - Single study @ rest (Use with 78472)	04/15/1999	Nuclear Med
78499	Unlisted cardiovascular nuclear exam	04/15/1999	Nuclear Med
78579	Pulmonary ventilation imaging (e.g., aerosol or gas)	01/01/2012	Nuclear Med
78608	Brain imaging, positron emission tomography (PET) metabolic evaluation	04/15/1999	PET Scan
78609	Brain imaging, positron emission tomography (PET) metabolic evaluation, perfusion evaluation	04/15/1999	PET Scan
78811	PET imaging; limited area (e.g., chest, head/neck)	01/01/2005	PET Scan
78812	PET imaging; skull base to mid-thigh	01/01/2005	PET Scan
78813	PET imaging; whole body	01/01/2005	PET Scan
78814	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	01/01/2005	PET Scan
78815	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	01/01/2005	PET Scan
78816	PET with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	01/01/2005	PET Scan
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 (e.g., head, neck, chest, pelvis) or acquisition, single day imaging	01/01/2020	CT Scan
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	06/01/2020	MRI
G0235	PET imaging, any site, not otherwise specified	04/01/2009	PET Scans

CPT/HCPCS Code	Description	Effective for Claims with Dates of Service	Type
G0252	PET, full and partial ring PET Scanners only for initial diagnosis of breast cancer and/or surgical planning for breast cancer	06/01/2003	PET Scans
S8037	Magnetic resonance cholangiopancreatography (MRCP)	04/01/2009	MRI
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	04/01/2009	Nuclear Med

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## Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>Previously titled <i>Radiology Procedures for eviCore healthcare Arrangement</i></li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Replaced references to “eviCore healthcare” with “EviCore”</li> <li>Replaced language indicating “Oxford has engaged eviCore healthcare to perform initial reviews of requests for prior authorization that may include a site of service review” with “Oxford has engaged EviCore by Evernorth (EviCore) to perform initial reviews of requests for prior authorization that may include a site of service review”</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Revised list of CPT/HCPCS codes that require prior authorization through EviCore; removed 0623T, 0624T, 0625T, 0626T, 0648T, 0649T, 74712, 74713, 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 77022, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78185, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78265, 78266, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78399, 78414, 78428, 78445, 78456, 78457, 78458, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78831, 78832, 78999, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8042, and S8085</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>Background</i> section to reflect the most current information</li> <li>Archived previous policy version RADIOLOGY 037.39</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.