

Oxford's Outpatient Imaging Self-Referral Policy

Policy Number: RADIOLOGY 013B.57
Effective Date: January 1, 2023

[Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Background	9
References	10
Policy History/Revision Information	10
Instructions for Use	11

Related Policies
<ul style="list-style-type: none"> Cardiology Procedures for eviCore healthcare Arrangement Obstetrical Ultrasonography Radiology Procedures for eviCore healthcare Arrangement

Coverage Rationale

- The self-referral policy does not apply to radiology services performed during an inpatient stay, ambulatory surgery, emergency room visit, or pre-operative/pre-admission testing.
- All specialty policies apply to the related pediatric specialties as well. All X-rays performed at an urgent care facility are payable.
- Some procedures require prior authorization. To obtain prior authorization for a radiology procedure, please contact eviCore healthcare via one of the two options listed below:
 - Providers can call eviCore healthcare at 1-877-Pre-Auth (773-2884)
 - Providers can log onto the [Prior Authorization and Notification App](#).
- Any obstetrical Ultrasound beyond three, per Member, per pregnancy requires prior authorization. Please call 1-877-PRE-AUTH. For specific guidelines, refer to the Clinical Policy titled [Obstetrical Ultrasonography](#).
- 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.

Physician Type	CPT Codes	Description
Internal Medicine, Family Practice and Advanced Nurse Practitioners (APRN) located in Connecticut (CT) Only	71045, 71046, 71047, 71048	Chest imaging
	74018, 74019, 74021	Abdomen imaging
	77080, 77081, 77085	DEXA studies, bone densitometry
General Surgeons, Surgical Oncologists – Breast Ultrasound and ultrasound guided needle placement of the breast requires:	76641	Ultrasound breast, complete
	76642	Ultrasound breast, limited
	76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
<ul style="list-style-type: none"> Accreditation by the American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy, or Accreditation by the American Institute of Ultrasound in 		

Physician Type	CPT Codes	Description
Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound, or <ul style="list-style-type: none"> The Joint Commission (TJC) 		
General Surgeons Ultrasound guided needle placement of a site other than the breast require accreditation by the AIUM in general ultrasound.	76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
Head and Neck Surgeons (ENT, Otolaryngologists) Accredited by the American Institute of Ultrasound in Medicine (AIUM) in Head and Neck Ultrasound	76536 76942	Ultrasound, soft tissues of head and neck Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
Cardiologists, Including Pediatric	0504T Refer to the Clinical Policy titled Cardiology Procedures for eviCore healthcare Arrangement for additional information. 71045, 71046, 71047, 71048	Fractional Flow Reserve (FFR-CT) Chest imaging
Cardiologists – Nuclear Medicine Nuclear studies require: Laboratories accredited by Intersocietal Commission (IAC Nuclear/PET), the American College of Radiology (ACR), The Joint Commission (TJC), or Radsite in SPECT	78451, 78452, 78453, 78454 78459, 78491, 78492 Refer to the Clinical Policy titled Cardiology Procedures for eviCore healthcare Arrangement for additional information. 78466, 78468, 78469 78472, 78473, 78481, 78483, 78494, 78496 Refer to the Clinical Policy titled Radiology Procedures for eviCore healthcare Arrangement for additional information.	Myocardial perfusion imaging Myocardial imaging PET Myocardial infarction scans Cardiac blood pool imaging
Cardiologists – Pediatric Only Nuclear studies require: Laboratories accredited by IAC Nuclear/PET, ACR, TJC, or Radsite in SPECT	0501T, 0502T, 0503T 75557, 75559, 75561, 75563, 75571, 75572, 75573, 75574 78451, 78452, 78453, 78454 78459	FFR-CT Cardiac MRI Computed tomography Myocardial perfusion imaging Myocardial imaging PET

Physician Type	CPT Codes	Description
	Refer to the Clinical Policy titled Cardiology Procedures for eviCore healthcare Arrangement for additional information.	
	71555	MRA Chest
	78466, 78468, 78469	Myocardial infarction scans
	78472, 78473, 78481, 78483, 78492, 78494	Cardiac blood pool imaging
	Refer to the Clinical Policy titled Radiology Procedures for eviCore healthcare Arrangement for additional information.	
Cardiologists-Pediatric Only Echocardiography studies require: Certification by the Intersocietal Accreditation Commission for Echocardiography (IAC)	76820, 76821, 76825, 76826, 76827, 76828 Refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.	Echocardiography, fetal Doppler velocimetry, fetal; middle and umbilical cerebral artery
Chiropractors	72040, 72070, 72080, 72100	Spine imaging
Colon and Rectal Surgeons	76872 76942	Ultrasound, transrectal US guidance for biopsy only
Endocrinologists; Pediatric Endocrinologists	76536 76942 77080, 77081, 77085	Ultrasound, soft tissues of head and neck Ultrasonic guidance for needle placement DEXA studies, bone densitometry
Gastroenterologists	76975	Endoscopic ultrasound
Geriatricians	71045, 71046, 71047, 71048	Chest imaging
Hematologist/Oncologists Medical Oncologists/Oncologists	71045, 71046, 71047, 71048	Chest imaging
Vascular Surgeons	76937 77001	Ultrasound guidance for vascular access Fluoroscopic guidance
Hand Surgeons	76000 73100, 73110, 73115, 73120, 73130, 73140	Fluoroscopy Upper extremity imaging
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic Ultrasound of the breast requires facility accreditation: • Accreditation by the American College of Radiology (ACR) in	74440 74740 74742	Vasography, vesiculography, or epididymography Hysterosalpingography Transcervical catheterization of fallopian tube

Physician Type	CPT Codes	Description
breast ultrasound, or <ul style="list-style-type: none"> • Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound. 	76641, 76642	Ultrasound, breast
	76815, 76816, 76817	Ultrasound-obstetrical, pelvic
	76830, 76831	Ultrasonic guidance
	76856, 76857 76948	Ultrasound study US guidance aspiration of ova
	77067	Screening Mammography
	77081, 77085	DEXA studies, bone densitometry
For CPT Codes 76801- 76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.		
Reproductive Endocrinologists with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814	Ultrasound: obstetrical, pelvic
	76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76941	US guidance for fetal transfusion or pericardiocentesis
	76945	US guidance for chorionic villus sampling
	76946	US guidance for amniocentesis
For CPT Codes 76801- 76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.		
Reproductive Endocrinologists – Ultrasound of the Breast require: <ul style="list-style-type: none"> • Accreditation by the American College of Radiology (ACR) in breast ultrasound, or • Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound. 	76641, 76642	Ultrasound, breast
OB/GYNs	77067	Screening Mammography
	74740	Hysterosalpingography
	76815, 76816, 76817 Refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.	Ultrasound: obstetrical, pelvic
	76830, 76831, 76856, 76857	Ultrasonic guidance

Physician Type	CPT Codes	Description
	77080, 77081, 77085	DEXA studies, bone densitometry
OB/GYNs with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76941 For CPT Codes 76801-76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information. 76945 76946 76948	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or cordocentesis US guidance chorionic villus sampling US guidance amniocentesis US guidance aspiration of ova
OB/GYNs – Ultrasound of the Breast require: <ul style="list-style-type: none"> • Accreditation by the American College of Radiology (ACR) in breast ultrasound, or • Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound, or • Accreditation by The Joint Commission (TJC). 	76641, 76642	Ultrasound, breast
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine	74740 76815, 76816, 76817 Refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information. 76830, 76831, 76856, 76857 77067 77080, 77081, 77085	Hysterosalpingography Ultrasound: obstetrical, pelvic Ultrasonic guidance Screening Mammography DEXA studies, bone densitometry
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine with an AIUM or ACR Accreditation in Obstetrical Ultrasound	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76941 76945 76946	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or cordocentesis US guidance for chorionic villus sampling US guidance for amniocentesis

Physician Type	CPT Codes	Description
	76948 For CPT Codes 76801-76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.	US guidance aspiration of ova
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine – Ultrasound of the breast require: <ul style="list-style-type: none"> • Accreditation by the American College of Radiology (ACR) in breast ultrasound, or • Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound, or • Accreditation by The Joint Commission (TJC). 	76641, 76642	Ultrasound, breast
Nephrologists	77021 77012 77002 76942	MR guidance for needle placement CT scan for needle biopsy Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) Ultrasonic guidance for biopsy only
Nuclear Medicine	74712, 74713, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185, 78191, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78267, 78268, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78808, 78811, 78812, 78813, 78814, 78815, 78816, 78999	Nuclear medicine studies

Physician Type	CPT Codes	Description
	Refer to the Clinical Policy titled Radiology Procedures for eviCore healthcare Arrangement to determine which nuclear studies require prior authorization.	
Oral Surgeons	70100, 70110, 70140, 70150 70300, 70310, 70320 70328, 70330 70350 70355	Mandible and facial bone imaging Teeth imaging TMJ imaging Cephalogram, orthodontic Orthopantogram
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists)	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, 73550, 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 Radiologic examination, any joint Bone and joint studies Bone length studies Joint survey
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists) with an AIUM Accreditation in Musculoskeletal Ultrasound or Accreditation by The Joint Commission (TJC)	76881, 76882 76942	Ultrasound, extremity Ultrasonic guidance for needle biopsy
Pain Management Specialists (Physiatrists, Physical Rehabilitation Medicine, Anesthesiologists, Neurologists, and Neurosurgeons)	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120 74018, 74019, 74021 76000	Radiologic examination, spine Radiologic examination, abdomen Fluoroscopy

Physician Type	CPT Codes	Description
	77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
Sports Medicine	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, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic examination, ribs Radiologic examination, sternum Radiologic examination, any joint
Pediatricians	71045, 71046, 71047, 71048	Chest imaging
Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Radiologic examination, Lower extremities
Pulmonologists	71045, 71046, 71047, 71048	Chest Imaging
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, 73051, 73052, 73053, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580,	Radiologic examination, Spine Radiologic examination pelvis Imaging sacroiliac joints Radiologic examination, Upper and lower extremities

Physician Type	CPT Codes	Description
	73590, 73592, 73610, 73615, 73620, 73630, 73650, 73660	
	76000, 77002, 77003	Fluoroscopy
	77071, 77073	Bone and joint studies
	77077	Joint survey
	77080, 77081, 77085	DEXA studies, bone densitometry
Rheumatologists with an AIUM Accreditation in Musculoskeletal Ultrasound or Accreditation by The Joint Commission (TJC)	76942	Ultrasonic guidance for needle biopsy
Urologists	74455	Urethrocytography
	76775	Ultrasound, retroperitoneal
	76857	Ultrasound pelvic limited or follow up
	76870, 76872, 76873	Ultrasound- scrotum, transrectal or prostate volume study for brachytherapy treatment planning
	76942	Ultrasonic guidance for needle placement (biopsy only)
	76965	Ultrasonic guidance for interstitial radioelement application

CPT® is a registered trademark of the American Medical Association

Background

The outpatient imaging self-referral policy is designed to promote appropriate use of diagnostic imaging by primary care physicians and specialty physicians in office settings. High quality imaging service standards are promoted by requiring that providers limit their imaging to their specialty practice areas, and by meeting the standards of one of several national accreditation organizations, like the following:

- The American College of Radiology (ACR)
- The American Institute of Ultrasound in Medicine (AIUM)
- The Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

The Oxford policy designates which imaging procedures shall be payable by Oxford (subject to member benefits) in primary care physicians' or specialty physicians' offices by provider practice specialty.

Note: Confirmed by the ACR, providing final interpretations of diagnostic procedures remains outside the physician assistants' scope of practice.

In addition, this policy describes the minimum accreditation and certification requirements for ultrasound, echocardiography and nuclear medicine. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed above.

If you have specific questions about the application process for accreditation, contact the ACR or IAC on their websites or by phone. For questions about Oxford’s accreditation requirements, call 1-800-666-1353.

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

References

American Medical Association. Current Procedural Terminology: CPT Professional Edition. AMA Press.

GAO report in September 2012 (Medicare: Higher use of Advanced Imaging Services by Providers who Self-Refer Costing Medicare Millions).

GAO Report published in May 2013 entitled Medicare Imaging Accreditation Establishing Minimum National Standards and Oversight Framework Would Help Ensure Quality and Safety of Advanced Diagnostic Imaging Services.

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert. Ingenix.

See also Gazelle, et al (Utilization of diagnostic medical imaging: comparison of radiologist referral versus same-specialty referral, Radiology 245:2007; 517-522).

Policy History/Revision Information

Date	Summary of Changes
01/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none"> • Added language to indicate a notification/authorization number is valid for 45 calendar days; it is specific to the advanced outpatient imaging procedure requested, to be performed one time, and for one date of service within the 45-day period • Revised list of accreditations/certifications required for: <ul style="list-style-type: none"> <i>General Surgeons, Surgical Oncologists – Breast</i> <ul style="list-style-type: none"> ○ Added language to indicate ultrasound and ultrasound guided needle placement of the breast requires accreditation by The Joint Commission (TJC) ○ Removed language indicating ultrasound and ultrasound guided needle placement of the breast requires accreditation by the American Society of Breast Surgeons (ASBS) in breast ultrasound <i>Cardiologists – Nuclear Medicine</i> <ul style="list-style-type: none"> ○ Removed language indicating nuclear studies require nuclear medicine certification by the American Board of Radiology (ABR), the American Board of Nuclear Medicine (ABNM), the American Osteopathic Board of Nuclear Medicine (AOBNM), the American Osteopathic Board of Radiology (AOBR), Certification Board for Nuclear Cardiology (CBNC), Royal College of Physicians and Surgeons of Canada (RCPSC), or Le college des Medicine du Quebec (LMQ) <i>Cardiologists – Pediatric Only</i> <ul style="list-style-type: none"> ○ Removed language indicating: <ul style="list-style-type: none"> ▪ Nuclear studies require certification by ABR, ABNM, AOBNM, AOBR, CBNC, RCPSC, or LMQ ▪ Echocardiography studies require board certification in pediatric cardiology

Date	Summary of Changes
	<p><i>Endocrinologists; Pediatric Endocrinologists</i></p> <ul style="list-style-type: none"> ○ Removed language indicating CPT codes 76536 and 76942 require American Association of Clinical Endocrinologists (AACE) accreditation <p><i>Reproductive Endocrinologists and Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic</i></p> <ul style="list-style-type: none"> ○ Removed language indicating ultrasound of the breast requires accreditation by the American Society of Breast Surgeons (ASBS) in breast ultrasound <p><i>OB/GYNs and Maternal and Fetal Medicine and Neonatal/Perinatal Medicine</i></p> <ul style="list-style-type: none"> ○ Added language to indicate ultrasound of the breast requires accreditation by The Joint Commission (TJC) ○ Removed language indicating ultrasound and ultrasound guided needle placement of the breast requires accreditation by the American Society of Breast Surgeons (ASBS) in breast ultrasound <p><i>Nuclear Medicine</i></p> <ul style="list-style-type: none"> ○ Removed language indicating nuclear medicine studies require physicians certified by the ABR, ABNM, RCPSC, or LMQ <p><i>Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists)</i></p> <ul style="list-style-type: none"> ○ Replaced language indicating “CPT codes 76881, 76882, and 76942 require an AIUM accreditation in musculoskeletal ultrasound” with “CPT codes 76881, 76882, and 76942 require an AIUM accreditation in musculoskeletal ultrasound <i>or accreditation by The Joint Commission (TJC)</i>” <p><i>Rheumatologists</i></p> <ul style="list-style-type: none"> ○ Replaced language indicating “CPT code 76942 requires an AIUM accreditation in musculoskeletal ultrasound” with “CPT code 76942 requires an AIUM accreditation in musculoskeletal ultrasound <i>or accreditation by The Joint Commission (TJC)</i>” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Background</i> section to reflect the most current information ● Archived previous policy version RADIOLOGY 013B.56 T0

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, please 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.