

OXFORD'S OUTPATIENT IMAGING SELF-REFERRAL POLICY

Policy Number: RADIOLOGY 013B.47 T0

Effective Date: January 1, 2019

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Related Policies

- [Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement](#)
- [Obstetrical Ultrasonography](#)
- [Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement](#)
- [Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement](#)

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, 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.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines 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.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership (excluding Oxford USA/Choice Plus Network).
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes ¹
Authorization Required (Precertification always required for inpatient admission)	Yes ^{2, 3}
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office, Outpatient
Special Considerations	¹ Referrals are not required when services addressed in this policy are provided by a participating radiologist, radiology facility, radiology center, nuclear studies, nuclear medicine, or radiation oncology provider. A referral cannot be submitted in lieu of precertification for those covered services that require precertification.

Special Considerations
(continued)

²Services requiring a precertification are indicated with a * or ** in the chart below.

³Refer to the [Benefits Considerations](#) section for precertification guidelines for New Jersey (NJ) Small group plans, NJ Individual plans [for Date of Service (DOS) prior to Jan. 1, 2017], NJ School Board plans and NJ Municipality plans.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

New Jersey (NJ) Small, NJ Individual [for Date of Service (DOS) prior to Jan. 1, 2017], NJ School Board and NJ Municipality products, services indicated as requiring a precertification (as indicated with a * or **) require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician's responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

- The self-referring 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.
- ***These procedures require precertification.** To pre-certify 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 study beyond three per Member per pregnancy requires precertification.** Please call 1-877-PRE-AUTH. For specific guidelines, refer to the policy titled [Obstetrical Ultrasonography](#).

Physician Type	CPT Codes	Description
Primary Care Physicians: 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 require: 1. Physician certification in breast ultrasound by the American Society of Breast Surgeons (ASBS) and <ul style="list-style-type: none">○ Facilities certification from	76641	Ultrasound breast, complete
	76642	Ultrasound breast, limited
	76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)

Physician Type	CPT Codes	Description
ASBS for breast ultrasound and ultrasound guided breast biopsy or <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. 		
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	Ultrasound, soft tissues of head and neck
	76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
Cardiologists, Including Pediatric	0504T*	Fractional Flow Reserve (FFR-CT)
	71045, 71046, 71047, 71048	Chest imaging
	76930	US guidance for pericardiocentesis
Cardiologists – Nuclear Medicine Nuclear studies require:	78451*, 78452*, 78453*, 78454*	Myocardial perfusion imaging
1. 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 Medicines du Quebec (LMQ)	78459*, 78491* 78492*	Myocardial imaging PET
	78466*, 78468*, 78469*	Myocardial infarction scans
	78472*, 78473*, 78481*, 78483*, 78494*, 78496*	Cardiac blood pool imaging
	For CPT codes 78451-78454 refer to Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement for additional information.	
2. Laboratories accredited by Intersocietal Commission (IAC Nuclear/PET), the American College of Radiology (ACR), The Joint Commission (TJC), or Radsite in SPECT		
Cardiologists – Pediatric Only	0501T*, 0502T*, 0503T*	FFR-CT
Nuclear studies require:	71555*	MRA Chest
1. Certification by ABR, ABNM, AOBNM, AOBR or CBNC, RCPSC, LMQ	75557*, 75559*, 75561*, 75563*	Cardiac MRI

Physician Type	CPT Codes	Description
2. Laboratories accredited by IAC Nuclear/PET, ACR, TJC, or Cardiologists - Pediatric Only (continued) Radsite in SPECT	75571*, 75572*, 75573*, 75574*	Computed tomography
	78451*, 78452*, 78453*, 78454*	Myocardial perfusion imaging
	78459*	Myocardial imaging PET
	78466*, 78468*, 78469*	Myocardial infarction scans
	78472*, 78473*, 78481*, 78483*, 78492*, 78494* For CPT codes 75557-75563, 75571-75574, 78451-78454, 78459, and 78491 refer to Cardiology Procedures Requiring Precertification for eviCore healthcare Arrangement.	Cardiac blood pool imaging
Cardiologists-Pediatric Only Echocardiography studies require: 1. Board Certification in Pediatric Cardiology 2. Certification by the Intersocietal Accreditation Commission for Echocardiography (IAC)	For CPT codes 76825**, 76826**, 76827**, 76828**, refer to: Obstetrical Ultrasonography for additional information.	Echocardiography, fetal
Chiropractors	72040, 72070, 72080, 72100	Spine imaging
Colon and Rectal Surgeons	76872	Ultrasound, transrectal
	76942	US guidance for biopsy only
Endocrinologists; Pediatric Endocrinologists	77080, 77081, 77085	DEXA studies, bone densitometry
Endocrinologists with an American Association of Clinical Endocrinologists (AACE) Accreditation Note: This includes an Endocrine Certification in Neck Ultrasound (ECNU) issued by the AACE.	In addition to the codes listed in the Endocrinologist section, an AACE accredited Endocrinologist may perform the following studies: 76536 76942	Ultrasound, soft tissues of head and neck Ultrasonic guidance for needle placement
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	Ultrasound guidance for vascular access
	77001	Fluoroscopic guidance
Hand Surgeons	76000	Fluoroscopy
	73100, 73110, 73115, 73120, 73130, 73140	Upper extremity imaging
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic	74440	Vasography, vesiculography, or epididymography
	74740	Hysterosalpingography
	74742	Transcervical catheterization of fallopian tube

Physician Type	CPT Codes	Description
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic (continued)	76815**, 76816**, 76817**	Ultrasound-obstetrical, pelvic
	76830, 76831	Ultrasonic guidance
	76856, 76857	Ultrasound study
	76948	US guidance aspiration of ova
	76970	Ultrasound study follow-up
	77067	Screening Mammography
	77081, 77085	DEXA studies, bone densitometry
For Reproductive Endocrinologists - CPT Codes 76801- 76828, refer to: Obstetrical Ultrasonography .		
Reproductive Endocrinologists with an AIUM or ACR Accreditation in Obstetrical Ultrasound	In addition to the codes listed in the Reproductive Endocrinologist section, an AIUM/ACR accredited Reproductive Endocrinologist may perform the following studies: 76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814** 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**, 76941 76945 76946 For Reproductive Endocrinologists - CPT Codes 76801- 76828, refer to: Obstetrical Ultrasonography .	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or pericardiocentesis US guidance for chorionic villus sampling US guidance for amniocentesis
OB/GYNs	77067	Screening Mammography
	74740	Hysterosalpingography
	76815**, 76816**, 76817** For CPT Codes 76815, 76816 and 76817, refer to: Obstetrical Ultrasonography .	Ultrasound: obstetrical, pelvic
	76970	Ultrasound study, follow-up
	76830, 76831, 76856, 76857, 76930	Ultrasonic guidance
	77080, 77081, 77085	DEXA studies, bone densitometry
OB/GYNs with an AIUM or ACR Accreditation in Obstetrical Ultrasound	In addition to the codes listed in the OB/GYN section, an AIUM/ACR accredited OB/GYN may perform the following studies: 76801**, 76802**, 76805**, 76810**,	Ultrasound: obstetrical,

Physician Type	CPT Codes	Description
OB/GYNs with an AIUM or ACR Accreditation in Obstetrical Ultrasound (continued)	76811**, 76812**, 76813**, 76814** 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**, 76941 76945 76946 76948 For CPT Codes 76801-76828, refer to: Obstetrical Ultrasonography .	pelvic US guidance for fetal transfusion or cordocentesis US guidance chorionic villus sampling US guidance amniocentesis US guidance aspiration of ova
Maternal and Fetal Medicine and Neonatal/Perinatal Medicine	74740 76815**, 76816**, 76817** 76830, 76831, 76856, 76857, 76930 77067 77080, 77081, 77085 For CPT Codes 76801-76828, refer to: Obstetrical Ultrasonography .	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	In addition to the codes listed in the Maternal/Fetal Medicine & Neonatal/Perinatal Medicine section, an AIUM or ACR accredited physician may perform the following studies: 76801**, 76802**, 76805**, 76810**, 76811**, 76812**, 76813**, 76814** 76818**, 76819**, 76820**, 76821**, 76825**, 76826**, 76827**, 76828**, 76941 76945 76946 76948 76970 For CPT Codes 76801-76828, refer to: Obstetrical Ultrasonography .	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or cordocentesis US guidance for chorionic villus sampling US guidance for amniocentesis US guidance aspiration of ova Ultrasound study, follow-up
Nephrologists	77021 77012	MR guidance for needle placement CT scan for needle biopsy

Physician Type	CPT Codes	Description
Nephrologists (continued)	77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
	76942	Ultrasonic guidance for biopsy only
Nuclear Medicine Nuclear medicine studies require physicians certified by the American Board of Radiology (ABR), the American Board of Nuclear Medicine (ABNM), Royal College of Physicians and Surgeons of Canada (RCPSC), or Le college des Medecine du Quebec (LMQ).	74712*, 74713*, 78012*, 78013*, 78014*, 78015*, 78016*, 78018*, 78020*, 78070*, 78071*, 78072*, 78075*, 78099*, 78102*, 78103*, 78104*, 78110, 78111, 78120, 78121, 78122, 78130, 78135, 78140, 78185*, 78191, 78195*, 78199*, 78201*, 78202*, 78205*, 78206*, 78215*, 78216*, 78226*, 78227*, 78230*, 78231*, 78232*, 78258*, 78261*, 78262*, 78264*, 78267, 78268, 78278*, 78282*, 78290*, 78291*, 78299*, 78300*, 78305*, 78306*, 78315*, 78320*, 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*, 78607*, 78608*, 78609*, 78610*, 78630*, 78635*, 78645*, 78647*, 78650*, 78660*, 78699*, 78700*, 78701*, 78707*, 78708*, 78709*, 78710*, 78725*, 78730*, 78740*, 78761*, 78799*, 78800*, 78801*, 78802*, 78803*, 78804*, 78805*, 78806*, 78807*, 78808, 78811*, 78812*, 78813*, 78814*, 78815*, 78816*, 78999*	Nuclear medicine studies
	Please see Radiology Procedures Requiring Precertification for eviCore healthcare Arrangement to determine which nuclear studies require precertification.	
Oral Surgeons	70100, 70110, 70140, 70150	Mandible and facial bone imaging
	70300, 70310, 70320	Teeth imaging
	70328, 70330	TMJ imaging
	70350	Cephalogram, orthodontic
	70355	Orthopantogram
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists)	71100, 71101, 71110, 71111	Radiologic examination, ribs
	71120, 71130	Radiologic examination, sternum
	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72202, 72220, 73000, 73010, 73020,	Radiologic examination, any joint

Physician Type	CPT Codes	Description
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists) (continued)	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	Bone and joint studies
	77073	Bone length studies
	77077	Joint survey
Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists with an AIUM Accreditation in Musculoskeletal Ultrasound)	In addition to the codes listed in the Orthopedists/Orthopedic Surgeons(including Pediatric Orthopedists) section, an AIUM accredited physician may perform the following study: 76881, 76882	Ultrasound, extremity
	76942	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	Radiologic examination, spine
	74018, 74019, 74021	Radiologic examination, abdomen
	76000	Fluoroscopy
	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 paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
	72275	Epidurography, radiological supervision and interpretation
Sports Medicine	71100, 71101, 71110, 71111	Radiologic examination, ribs
Note: Must be board certified in Sports Medicine.	71120, 71130	Radiologic examination, sternum
	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084,	Radiologic examination, any joint

Physician Type	CPT Codes	Description
Sports Medicine (continued)	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	
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
Radiation Oncologists	Multiple Codes	Refer to Radiation Therapy Procedures Requiring Precertification for eviCore healthcare Arrangement
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, 73590, 73592, 73610, 73615, 73620, 73630, 73650, 73660 76000, 77002, 77003 77071, 77073 77077 77080, 77081, 77085	Radiologic examination ,Spine Radiologic examination pelvis Imaging sacroiliac joints Radiologic examination, Upper and lower extremities Fluoroscopy Bone and joint studies Joint survey DEXA studies, bone densitometry
Rheumatologists with an AIUM Accreditation in Musculoskeletal Ultrasound	In addition to the codes listed in the Rheumatologists section, an AIUM accredited physician may perform the following study: 76942	Ultrasonic guidance for needle biopsy
Urologists	74455 76775 76857 76870, 76872, 76873	Urethrocytography Ultrasound, retroperitoneal Ultrasound pelvic limited or follow up Ultrasound- scrotum, transrectal or prostate volume study for brachytherapy treatment planning

Physician Type	CPT Codes	Description
Urologists (continued)	76942	Ultrasonic guidance for needle placement (biopsy only)
	76965	Ultrasonic guidance for interstitial radioelement application

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* Indicates the service requires precertification.

** Indicates any study beyond three per Member per pregnancy requires pre-certification for Commercial Plans.

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 promoted³ 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)
- The American Association of Clinical Endocrinologists (AACE), and
- The American Society of Breast Surgeons (ASBS)

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.^{1,2}

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 Oxfords accreditation requirements, call 1-800-666-1353.

Accreditations should be faxed to eviCore healthcare at 866-699-8160 with the Accreditation Fax Cover sheet that can be found on the eviCore healthcare website using the [Prior Authorization and Notification App](#).

To ensure prompt handling of the accreditation please 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	Action/Description
01/01/2019	<ul style="list-style-type: none"> • Revised list of reimbursable CPT codes for: <ul style="list-style-type: none"> Cardiologists, Including Pediatric <ul style="list-style-type: none"> ○ Added 0504T (requires precertification) Cardiologists, Pediatric Only: <ul style="list-style-type: none"> ○ Added 0501T, 0502T, and 0503T (require precertification)

Date	Action/Description
	<p data-bbox="537 128 769 159">Nuclear Medicine</p> <ul data-bbox="488 159 1263 218" style="list-style-type: none"><li data-bbox="537 159 1263 191">○ Removed 78270, 78271, and 78272 (<i>annual code edits</i>)<li data-bbox="488 191 1227 218">• Archived previous policy version RADIOLOGY 013B.46 T0