

2011 Radiology Prior Authorization List for UnitedHealthcare Community Plan New York

Dual Advantage, Dual Complete

NY

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|---|
| 70336 | MRI TMJ |
| 70450 | CT HEAD/BRAIN W/O CONTRAST |
| 70460 | CT HEAD/BRAIN W/ CONTRAST |
| 70470 | CT HEAD/BRAIN W/O & W/ CONTRAST |
| 70480 | CT ORBIT W/O CONTRAST |
| 70481 | CT ORBIT W/ CONTRAST |
| 70482 | CT ORBIT W/O & W/ CONTRAST |
| 70486 | CT MAXLLFCL W/O CONTRAST |
| 70487 | CT MAXLLFCL W/ CONTRAST |
| 70488 | CT MAXLLFCL W/O & W/ CONTRAST |
| 70490 | CT SOFT TISSUE NECK W/O CONTRAST |
| 70491 | CT SOFT TISSUE NECK W/ CONTRAST |
| 70492 | CT SOFT TISSUE NECK W/O & W/ CONTRAST |
| 70496 | CT ANGIOGRAPHY HEAD |
| 70498 | CT ANGIOGRAPHY NECK |
| 70540 | MRI FACE, ORBIT, AND/OR NECK W/O CONTRAST |
| 70542 | MRI FACE, ORBIT, AND/OR NECK W/ CONTRAST |
| 70543 | MRI FACE, ORBIT, AND/OR NECK W & W/O CONTRAST |
| 70544 | MRA HEAD W/O CONTRAST |
| 70545 | MRA HEAD W/ CONTRAST |
| 70546 | MRA HEAD W & W/O CONTRAST |
| 70547 | MRA NECK W/O CONTRAST |
| 70548 | MRA NECK W CONTRAST |
| 70549 | MRA NECK W & W/O CONTRAST |
| 70551 | MRI HEAD W/O CONTRAST |
| 70552 | MRI HEAD W/ CONTRAST |
| 70553 | MRI HEAD W/ & W/O CONTRAST |
| 70554 | MRI, BRAIN, FUNCTIONAL MRI |
| 70555 | MRI, BRAIN, FUNCTIONAL MRI |
| 71250 | CT THORAX W/O CONTRAST |
| 71260 | CT THORAX W/ CONTRAST |
| 71270 | CT THORAX W/O & W/ CONTRAST |
| 71275 | CT ANGIOGRAPHY CHEST, NON-CORONARY |
| 71550 | MRI CHEST W/O CONTRAST |
| 71551 | MRI CHEST W CONTRAST |
| 71552 | MRI CHEST W & W/O CONTRAST |
| 71555 | MRA CHEST (EXC MYOCARDIUM) W/ OR W/O CONTRAST |
| 72125 | CT C SPINE W/O CONTRAST |
| 72126 | CT C SPINE W/ CONTRAST |
| 72127 | CT C SPINE W/O & W/ CONTRAST |

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|--|
| 72128 | CT T SPINE W/O CONTRAST |
| 72129 | CT T SPINE W/ CONTRAST |
| 72130 | CT T SPINE W/O & W/ CONTRAST |
| 72131 | CT L SPINE W/O CONTRAST |
| 72132 | CT L SPINE W/ CONTRAST |
| 72133 | CT L SPINE W/O & W/ CONTRAST |
| 72141 | MRI CERVICAL SPINE W/O CONTRAST |
| 72142 | MRI CERVICAL SPINE W/ CONTRAST |
| 72146 | MRI THORACIC SPINE W/O CONTRAST |
| 72147 | MRI THORACIC SPINE W/ CONTRAST |
| 72148 | MRI LUMBAR SPINE W/O CONTRAST |
| 72149 | MRI LUMBAR SPINE W/ CONTRAST |
| 72156 | MRI C SPINE W/ & W/O CONTRAST |
| 72157 | MRI T SPINE W/ & W/O CONTRAST |
| 72158 | MRI L SPINE W/ & W/O CONTRAST |
| 72159 | MRA SPINAL CANAL W/ OR W/O CONTRAST |
| 72191 | CT ANGIOGRAPHY PELVIS |
| 72192 | CT PELVIS W/O CONTRAST |
| 72193 | CT PELVIS W/ CONTRAST |
| 72194 | CT PELVIS W/O & W/ CONTRAST |
| 72195 | MRI PELVIS W/O CONTRAST |
| 72196 | MRI PELVIS W CONTRAST |
| 72197 | MRI PELVIS W & W/O CONTRAST |
| 72198 | MRA PELVIS W/ OR W/O CONTRAST |
| 73200 | CT UPPER EXTREMITY W/O CONTRAST |
| 73201 | CT UPPER EXTREMITY W/ CONTRAST |
| 73202 | CT UPPER EXTREMITY W/O & W/ CONTRAST |
| 73206 | CT ANGIOGRAPHY UPPER EXTREMITY |
| 73218 | MRI UPPER EXTREMITY W/O CONTRAST |
| 73219 | MRI UPPER EXTREMITY W CONTRAST |
| 73220 | MRI UPPER EXTREMITY W & W/O CONTRAST |
| 73221 | MRI UPPER EXTREMITY JOINT W/O CONTRAST |
| 73222 | MRI UPPER EXTREMITY JOINT W CONTRAST |
| 73223 | MRI UPPER EXTREMITY JOINT W & W/O CONTRAST |
| 73225 | MRA UPPER EXTREMITY W/ OR W/O CONTRAST |
| 73700 | CT LOWER EXTREMITY W/O CONTRAST |
| 73701 | CT LOWER EXTREMITY W/ CONTRAST |
| 73702 | CT LOWER EXTREMITY W/O & W/ CONTRAST |
| 73706 | CT ANGIOGRAPHY LOWER EXTREMITY |
| 73718 | MRI LOWER EXTREMITY W/O CONTRAST |
| 73719 | MRI LOWER EXTREMITY W CONTRAST |

2011 Radiology Prior Authorization List for UnitedHealthcare Community Plan New York

Dual Advantage, Dual Complete

NY

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|--|
| 73720 | MRI LOWER EXTREMITY W & W/O CONTRAST |
| 73721 | MRI LOWER EXTREMITY JOINT W/O CONTRAST |
| 73722 | MRI LOWER EXTREMITY JOINT W CONTRAST |
| 73723 | MRI LOWER EXTREMITY JOINT W & W/O CONTRAST |
| 73725 | MRA LOWER EXTREMITY W/ OR W/O CONTRAST |
| 74150 | CT ABDOMEN W/O CONTRAST |
| 74160 | CT ABDOMEN W/ CONTRAST |
| 74170 | CT ABDOMEN W/O & W/ CONTRAST |
| 74175 | CT ANGIOGRAPHY ABDOMEN |
| 74176 | CT ABD & PELVIS W/O CONTRAST |
| 74177 | CT ABD & PELVIS W/CONTRAST |
| 74178 | CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS |
| 74181 | MRI ABDOMEN W/O CONTRAST |
| 74182 | MRI ABDOMEN W CONTRAST |
| 74183 | MRI ABDOMEN W & W/O CONTRAST |
| 74185 | MRA ABDOMEN W/ OR W/O CONTRAST |
| 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL |
| 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING |
| 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL |
| 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING |
| 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIALS(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES |
| 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCT&MORPH |
| 75573 | CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT DX |

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|---|
| 75574 | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST |
| 75635 | CT ANGIOGRAPHY ABDOMINAL AORTA |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY |
| 76377 | REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION |
| 76380 | CT LIMITED OR LOCALIZED FOLLOW-UP STUDY |
| 76390 | MRI SPECTROSCOPY |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE |
| 76498 | UNLISTED MRI PROCEDURE |
| 77021 | MRI GUIDANCE FOR NEEDLE PLACEMENT |
| 77058 | MRI BREAST W/ AND/OR W/O CONTRAST |
| 77059 | MRI BREAST BILATERAL |
| 77084 | MRI BONE MARROW BLOOD SUPPLY |
| 78000 | THYROID RAI UPTAKE |
| 78001 | THYROID MULTIPLE UPTAKE |
| 78003 | THYROID SUPPRESS OR STIMULATION |
| 78006 | THYROID UPTAKE AND SCAN |
| 78007 | THYROID IMAGE, MULTIPLE UPTAKES |
| 78010 | THYROID SCAN ONLY |
| 78011 | THYROID IMAGING W FLOW |
| 78015 | THYROID MET IMAGING |
| 78016 | THYROID MET IMAGING WITH ADDITIONAL STUDIES |
| 78018 | THYROID SCAN WHOLE BODY |
| 78070 | PARATHYROID NUCLEAR IMAGING |
| 78075 | ADRENAL NUCLEAR IMAGING |
| 78099 | UNLISTED ENDOCRINE PROCEDURE |
| 78102 | BONE MARROW IMAGING, LIMITED |
| 78103 | BONE MARROW IMAGING, MULTIPLE |
| 78104 | BONE MARROW IMAGING, WHOLE BODY |
| 78185 | SPLEEN IMAGING W/WO VASCULAR FLOW |
| 78195 | LYMPH SYSTEM IMAGING |
| 78199 | UNLISTED HEMATOPOETIC PROCEDURE |
| 78201 | LIVER IMAGING |
| 78202 | LIVER IMAGING W FLOW |
| 78205 | LIVER IMAGING SPECT |
| 78206 | LIVER IMAGING SPECT W VASCULAR FLOW |
| 78215 | LIVER AND SPLEEN IMAGING |
| 78216 | LIVER AND SPLEEN IMAGING W FLOW |
| 78220 | LIVER FUNCTION STUDY |
| 78223 | HIDA SCAN |

2011 Radiology Prior Authorization List for UnitedHealthcare Community Plan New York

Dual Advantage, Dual Complete

NY

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|--|
| 78230 | SALIVARY GLAND IMAGING |
| 78231 | SERIAL SALIVARY GLAND |
| 78232 | SALIVARY GLAND FUNCTION TEST |
| 78258 | ESOPHAGUS MOTILITY STUDY |
| 78261 | GASTRIC MUCOSA IMAGING |
| 78262 | GASTROESOPHAGAEL REFLUX EXAM |
| 78264 | GASTRIC EMPTYING STUDY |
| 78278 | GI BLEEDER SCAN |
| 78282 | GI PROTEIN LOSS EXAM |
| 78290 | MECKEL'S DIVERTICULUM IMAGING |
| 78291 | LEVEEN SHUNT PATENCY EXAM |
| 78299 | UNLISTED GASTROINTESTINAL PROCEDURE |
| 78300 | BONE OR JOINT IMAGING LTD |
| 78305 | BONE OR JOINT IMAGING MULTIPLE |
| 78306 | BONE SCAN WHOLE BODY |
| 78315 | BONE SCAN 3 PHASE STUDY |
| 78320 | BONE JOINT IMAGING TOMO TEST SPECT |
| 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE |
| 78428 | CARDIAC SHUNT IMAGING |
| 78445 | RADIONUCLIDE VENOGRAM NON-CARDIAC |
| 78451 | MYOCARDIAL SPECT MULTIPLE STUDIES |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES |
| 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS |
| 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES |
| 78456 | ACUTE VENOUS THROMBOSIS IMAGING |
| 78457 | VENOUS THROMBOSIS IMAGING UNILATERAL |
| 78458 | VENOUS THROMBOSIS IMAGING BILATERAL |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) . |
| 78466 | MYOCARDIAL INFARCTION SCAN |
| 78468 | HEART INFARCT IMAGE EF |
| 78469 | HEART INFARCT IMAGE SPECT |
| 78472 | GATED HEART, REST OR STRESS |
| 78473 | CARDIAC BLOOD POOL MUGA SCAN |
| 78483 | CARD BPI PLNR 1ST PS MLT STD PLUS EJEC FXJ |
| 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) |
| 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) |
| 78494 | CARDIAC BLOOD POOL IMAGING, SPECT |
| 78499 | UNLISTED CARDIOVASCULAR PROCEDURE |
| 78580 | PULMONARY PERFUSION IMAGING |

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|---|
| 78584 | PULMONARY PERFUSION WITH VENT SINGLE BREATH |
| 78585 | PULMONARY PERFUSION W/WASHOUT OR W/O SINGLE BREATH |
| 78586 | PULMONARY VENTILATION IMAGING |
| 78587 | PULMONARY VENTILATION MULTI |
| 78588 | PULMONARY PERFUSION W/ VENTILATION |
| 78591 | VENT IMAGE 1 BREATH, 1 PROJECTION |
| 78593 | VENT IMAGE 1 PROJECTION, GAS |
| 78594 | VENT IMAGE MULTI PROJECTION, GAS |
| 78596 | LUNG DIFFERENTIAL FUNCTION |
| 78599 | UNLISTED RESPIRATORY PROCEDURE |
| 78600 | BRAIN IMAGING LESS THAN 4STATIC |
| 78601 | BRAIN IMAGING LESS THAN 4 STATIC; WITH VASCULAR FLOW |
| 78605 | BRAIN IMAGING MIN. 4 STATIC |
| 78606 | BRAIN IMAGING MIN 4 STATIC; WITH VASCULAR FLOW |
| 78607 | BRAIN IMAGING TOMOGRAPHIC SPECT |
| 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION |
| 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) , PERFUSION EVALUATION |
| 78610 | BRAIN FLOW IMAGING ONLY |
| 78630 | CISTERNOGRAM (CEREBROSPINAL FLUID FLOW) |
| 78635 | CEREBROSPINAL VENTRICULOGRAPHY |
| 78645 | CSF SHUNT EVALUATION |
| 78647 | CEREBROSPINAL FLUID SCAN SPECT |
| 78650 | CSF LEAKAGE DETECTION AND LOCALIZATION |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTORGRAPHY |
| 78699 | UNLISTED NUCLEAR MEDICINE PROCEDURE |
| 78700 | KIDNEY IMAGE MORPHOLOGY |
| 78701 | KIDNEY IMAGE MORPHOLOGY W VASCULAR FLOW |
| 78707 | KIDNEY IMAGE MORPHOLOGY W VASCULAR FLOW AND FUNCTION SINGLE STUDY W/O PHARM INTERVENTION |
| 78708 | KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION, SINGLE W PHARM INTERVENTION |
| 78709 | KIDNEY IMAGING MORPHOLOGYWITH VASCULAR FLOW AND FUNCTION, MULTI, W/O AND W PHARM INTERVENTION |
| 78710 | KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC SPECT |
| 78740 | URETERAL REFLUX STUDY |
| 78761 | TESTICULAR IMAGING W VASCULAR FLOW |

2011 Radiology Prior Authorization List for UnitedHealthcare Community Plan New York

Dual Advantage, Dual Complete

NY

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|--|
| 78799 | UNLISTED GENITOURINARY PROCEDURE |
| 78800 | RADIOPHARM LOCALIZATION OF TUMOR, LIMITED AREA |
| 78801 | RADIOPHARM LOCALIZATION OF TUMOR, MULTI AREAS |
| 78802 | RADIOPHARM LOCALIZATION OF TUMOR, WHOLE BODY |
| 78803 | RADIOPHARM LOCALIZATION OF TUMOR, SPECT |
| 78804 | RADIOPHARM LOCALIZATION OF TUMOR, WHOLE BODY, TWO OR > DAYS |
| 78805 | RADIOPHARM LOCALIZATION OF ABSCESS, LIMITED AREA |
| 78806 | RADIOPHARM LOCALIZATION OF ABSCESS, WHOLE BODY |
| 78807 | RADIOPHARM LOCALIZATION OF ABSCESS, SPECT |
| 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING |
| 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING |
| 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING |
| 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) |
| 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) |
| 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTER TOMOGRAPHY (CT) |
| 78999 | UNLISTED MISC. PROCEDURE |
| 0159T | COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/ CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, BREAST MRI (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR |
| C8900 | MRA WITH CONTRAST, ABDOMEN |
| C8901 | MRA WITHOUT CONTRAST, ABDOMEN |

| CPT/HCPCS CODE | DESCRIPTION |
|----------------|--|
| C8902 | MRA WITH AND WITHOUT CONTRAST, ABDOMEN |
| C8903 | MRI WITH CONTRAST, BREAST; UNILATERAL |
| C8904 | MRI WITHOUT CONTRAST, BREAST; UNILATERAL |
| C8905 | MRI WITH AND WITHOUT CONTRAST, BREAST; UNILATERAL |
| C8906 | MRI WITH CONTRAST, BREAST; BILATERAL |
| C8907 | MRI WITHOUT CONTRAST, BREAST; BILATERAL |
| C8908 | MRI WITH AND WITHOUT CONTRAST, BREAST; BILATERAL |
| C8909 | MRA WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8910 | MRA WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8911 | MRA WITH AND WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM) |
| C8912 | MRA WITH CONTRAST, LOWER EXTREMITY |
| C8913 | MRA WITHOUTH CONTRAST, LOWER EXTREMITY |
| C8914 | MRA WITH AND WITHOUT CONTRAST, LOWER EXTREMITY |
| C8918 | MRA WITH CONTRAST, PELVIS |
| C8919 | MRA WITHOUT CONTRAST, PELVIS |
| C8920 | MRA WITH AND WITHOUT CONTRAST, PELVIS |
| G0219 | PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED |
| G0252 | PET, FULL AND PARTIAL RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING FOR BREAST CANCER |
| S8037 | MRCP |
| S8042 | MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD |
| S8085 | FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING |
| S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINET) |