

Oxford's Outpatient Imaging Self-Referral Policy

Policy Number: RADIOLOGY 013B.59

Effective Date: February 1, 2024

[➔ Instructions for Use](#)

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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
<ul style="list-style-type: none"> • Accreditation by the American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy, or 		

Physician Type	CPT Codes	Description
<ul style="list-style-type: none"> Accreditation by the American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound, or The Joint Commission (TJC) 		
General Surgeons, Surgical Oncologists – Breast	76942	Ultrasonic guidance for needle placement
Head and Neck Surgeons (ENT, Otolaryngologists)	76942	Ultrasonic guidance
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
Cardiologists, Including Pediatric	75580 Refer to the Clinical Policy titled Cardiology Procedures for eviCore healthcare Arrangement for additional information.	Fractional Flow Reserve (FFR-CT)
	71045, 71046, 71047, 71048	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.	Myocardial perfusion imaging Myocardial imaging PET
	78466, 78468, 78469	Myocardial infarction scans
	78472, 78473, 78481, 78483, 78494, 78496 Refer to the Clinical Policy titled Radiology Procedures for eviCore healthcare Arrangement for additional information.	Cardiac blood pool imaging
Cardiologists – Pediatric Only Nuclear studies require: Laboratories accredited by IAC Nuclear/PET, ACR, TJC, or Radsite in SPECT	75580 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	Ultrasound, transrectal
	76942	Ultrasonic guidance
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	Ultrasound guidance for vascular access
	76942	Ultrasonic guidance
	77001	Fluoroscopic guidance
Hand Surgeons	76000	Fluoroscopy
	73100, 73110, 73115, 73120, 73130, 73140	Upper extremity imaging
Reproductive Endocrinologists	76941, 76942, 76945, 76946	Ultrasonic guidance
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic	76830, 76856, 76857	Ultrasound study

Physician Type	CPT Codes	Description
Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic Ultrasound of the breast requires facility accreditation: <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 	74440	Vasography, vesiculography, or epididymography
	74740	Hysterosalpingography
	74742	Transcervical catheterization of fallopian tube
	76641, 76642	Ultrasound, breast
	76815, 76816, 76817	Ultrasound-obstetrical, pelvic
	76831	Ultrasonic guidance
	76948	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	US guidance for fetal transfusion or pericardiocentesis
	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	Ultrasound: obstetrical, pelvic
	Refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.	

Physician Type	CPT Codes	Description
	76830, 76831, 76856, 76857, 76941, 76945, 76946 77080, 77081, 77085	Ultrasonic guidance 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 For CPT Codes 76801-76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information. 76948	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or cordocentesis 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, 76941, 76942, 76945, 76946 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 76948 For CPT Codes 76801-76828, refer to the Clinical Policy titled Obstetrical Ultrasonography for additional information.	Ultrasound: obstetrical, pelvic US guidance for fetal transfusion or cordocentesis US guidance aspiration of ova

Physician Type	CPT Codes	Description
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
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 Refer to the Clinical Policy titled Radiology Procedures for eviCore healthcare Arrangement to determine which nuclear studies require prior authorization.	Nuclear medicine studies
Oral Surgeons	70100, 70110, 70140, 70150	Mandible and facial bone imaging

Physician Type	CPT Codes	Description
	70300, 70310, 70320	Teeth imaging
	70328, 70330	TMJ imaging
	70350	Cephalogram, orthodontic
	70355	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 76942 77071 77073 77077	Radiologic examination, ribs Radiologic examination, sternum Radiologic examination, any joint Ultrasonic guidance for needle placement 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	Ultrasound, extremity
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 76942	Radiologic examination, spine Radiologic examination, abdomen Fluoroscopy Ultrasonic guidance for needle placement

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, 73590, 73592, 73610, 73615, 73620, 73630,	Radiologic examination, Spine Radiologic examination pelvis Imaging sacroiliac joints Radiologic examination, Upper and lower extremities

Physician Type	CPT Codes	Description
	73650, 73660	
	76000, 77002, 77003	Fluoroscopy
	76942	Ultrasonic guidance for needle placement
	77071, 77073	Bone and joint studies
	77077	Joint survey
	77080, 77081, 77085	DEXA studies, bone densitometry
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
	76965	Ultrasonic guidance for interstitial radioelement application

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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
02/01/2024	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Revised list of applicable CPT codes for: <ul style="list-style-type: none"> <i>Colon and Rectal Surgeons and Nephrologists</i> <ul style="list-style-type: none"> ○ Revised description for 76942 <i>General Surgeons, Surgical Oncologists – Breast; Head and Neck Surgeons (ENT, Otolaryngologists); and Rheumatologists</i> <ul style="list-style-type: none"> ○ Removed accreditation requirements for 76942 ○ Revised description for 76942 <i>Maternal and Fetal Medicine and Neonatal/Perinatal Medicine</i> <ul style="list-style-type: none"> ○ Added 76830, 76856, 76857, 76941, 76942, 76945, and 76946 <i>OB/GYNs</i> <ul style="list-style-type: none"> ○ Added 76830, 76856, 76857, 76941, 76945, and 76946 <i>Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists); Pain Management Specialists (Physiatrists, Physical Rehabilitation Medicine, Anesthesiologists, Neurologists, and Neurosurgeons); and Vascular Surgeons</i> <ul style="list-style-type: none"> ○ Added 76942 <i>Orthopedists/Orthopedic Surgeons (including Pediatric Orthopedists) with an AIUM Accreditation in Musculoskeletal Ultrasound or Accreditation by The Joint Commission (TJC)</i> <ul style="list-style-type: none"> ○ Removed 76942 <i>Reproductive Endocrinologists</i> <ul style="list-style-type: none"> ○ Added 76941, 76942, 76945, and 76946 <i>Reproductive Endocrinologists – Infertility Specialists Practicing within an Infertility Clinic</i> <ul style="list-style-type: none"> ○ Added 76830, 76856, and 76857 <i>Urologists</i> <ul style="list-style-type: none"> ○ Added 76857 ○ Revised description for 76942

Date	Summary of Changes
	<p data-bbox="337 138 643 170">Supporting Information</p> <ul data-bbox="337 176 1003 207" style="list-style-type: none"> <li data-bbox="337 176 1003 207">• Archived previous policy version RADIOLOGY 013B.58

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.