

UnitedHealthcare Radiology Prior Authorization Program Procedure Code Changes

UnitedHealthcare is updating the procedure code list for the Radiology Prior Authorization Program based on code changes made by the American Medical Association (AMA).

The following CPT codes are being added to the Radiology Prior Authorization list.

CODE	CODE DESCRIPTION	COMMENTS
<u>78830</u>	<u>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 (eg, head, neck, chest, pelvis), single day imaging</u>	<u>New code replacing 78805, 78806 or 78807</u> <u>(78805, 78806 and 78807 are deleted codes as of 1/1/2020)</u>
<u>78831</u>	<u>Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days</u>	<u>New code replacing 78805, 78806 or 78807</u> <u>(78805, 78806 and 78807 are deleted codes as of 1/1/2020)</u>
<u>78832</u>	<u>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, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days</u>	<u>New code replacing 78805, 78806 or 78807</u> <u>(78805, 78806 and 78807 are deleted codes as of 1/1/2020)</u>

The following CPT codes are being deleted from the Radiology Prior Authorization list.

CODE	CODE DESCRIPTION	COMMENTS
78205	Liver Imaging SPECT (3D)	-Deleted code as of 1/1/2020 (Use 78803)
78206	Liver Imaging SPECT With Vascular Flow	-Deleted code as of 1/1/2020 (Use 78803)
78320	Bone Joint Imaging Tomographic Test SPECT	-Deleted code as of 1/1/2020 (Use 78803)
78607	Brain Imaging 3D	-Deleted code as of 1/1/2020 (Use 78803)
78647	Cerebrospinal Fluid Scan (Tomographic) SPECT	-Deleted code as of 1/1/2020 (Use 78803)
78710	Kidney Imaging Tomographic (SPECT)	-Deleted code as of 1/1/2020 (Use 78803)
78805	Radiopharmaceutical Localization of Abscess, Limited Area	-Deleted code as of 1/1/2020 (Select appropriate AMA code)
78806	Radiopharmaceutical Localization Of Abscess, Whole Body	-Deleted code as of 1/1/2020 (Select appropriate AMA code)
78807	Radiopharmaceutical Localization Of Abscess, Tomographic SPECT	-Deleted code as of 1/1/2020 (Select appropriate AMA code)

In addition, UnitedHealthcare is updating the procedure code list for the Radiology Prior Authorization Program to include the following codes:

CODE	CODE DESCRIPTION
<u>76390</u>	<u>Magnetic Resonance Spectroscopy (MRS)</u>
<u>76391</u>	<u>Magnetic Resonance Elastography (MRE)</u>