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

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

CODE	CODE DESCRIPTION	COMMENTS
		5.4/4/2020
70205		Deleted code as of 1/1/2020
78205	Liver Imaging SPECT (3D)	(Use 78803)
		Deleted and a set (4/4/2020
70206	L'andresia CRECT With Very la Fla	Deleted code as of 1/1/2020
78206	Liver Imaging SPECT With Vascular Flow	(Use 78803)
		Deleted and an of 4 /4 /2020
70220	Be a defect to the Tennes of the Tent CRECT	Deleted code as of 1/1/2020
78320	Bone Joint Imaging Tomographic Test SPECT	(Use 78803)
		Deleted and an of 4 /4 /2020
70607	Busin Inconing 2D	Deleted code as of 1/1/2020
78607	Brain Imaging 3D	(Use 78803)
		Deleted and as of 1/1/2020
78647	Comply across and Elvid Coop (Toppe arranhia) CRECT	Deleted code as of 1/1/2020
78047	Cerebrospinal Fluid Scan (Tomographic) SPECT	(Use 78803)
		Deleted code as of 1/1/2020
78710	Vidnov Imaging Tomographic (CDECT)	, ,
78/10	Kidney Imaging Tomographic (SPECT)	(Use 78803)
	Radiopharmaceutical Localization of Abscess,	Deleted code as of 1/1/2020
78805	Limited Area	(Select appropriate AMA code)
70003	Limited Ared	Sciece appropriate AWA code;
	Radiopharmaceutical Localization Of Abscess,	Deleted code as of 1/1/2020
78806	Whole Body	(Select appropriate AMA code)
70000	Whole body	(Sciece appropriate AWA code)
	Radiopharmaceutical Localization Of Abscess,	Deleted code as of 1/1/2020
78807	Tomographic SPECT	(Select appropriate AMA code)
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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>	Magnetic Resonance Spectroscopy (MRS)
<u>76391</u>	Magnetic Resonance Elastography (MRE)