



2021 Utilization Management
Addendum to the Radiology/Cardiology Guidelines
Effective 1/1/2021

The following information reflects the criteria that will be used for prior authorization review, as well as claims payment review, effective 1/1/2021. This criteria is also incorporated into the V1.2021 Radiology/Cardiology Guidelines, and those guidelines will take place of this addendum as they become effective.

CPT/HCPCS	Policy/Criteria
0609T 0610T 0611T 0612T	<p><u>SP-2.5: Imaging of Intervertebral Discs</u></p> <ul style="list-style-type: none"> ➤ Magnetic Resonance Spectroscopy (MRS) involves the analysis of the levels of certain chemicals in pre-selected voxels (small regions) on an MRI scan done at the same time. <ul style="list-style-type: none"> ◆ MRS (CPT® 76390, 0609T, 0610T, 0611T, and 0612T) is considered experimental and investigational for all spine imaging uses at this time.
71271	<p><u>CH-1.3- General Guidelines – CT Chest</u></p> <ul style="list-style-type: none"> ➤ CT Chest without contrast (CPT® 71250) can be used for the following: <ul style="list-style-type: none"> ◆ Patient has contraindication to contrast ◆ Follow-up of pulmonary nodule(s) ◆ High Resolution CT (HRCT) ◆ Low-dose CT Chest (CPT® 71271) (See <u>CH-33: Lung Cancer Screening</u>) <p><u>CH-33.1: U.S. Preventative Services Task Force: Lung Cancer Screening (Commercial and Medicaid) and CH-33.2: National Coverage Determination (NCD) for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14) (Medicare)</u></p> <ul style="list-style-type: none"> ➤ Low-dose CT Chest (CPT® 71271) may be approved for lung cancer screening annually if all of the criteria are met <p><u>CH-33.3: Incidental Pulmonary Nodules Detected on Low Dose CT Chest (LDCT) Images</u></p> <ul style="list-style-type: none"> ➤ Any Lung-RADS less than 1 year interval follow-up is coded as Low-Dose CT Chest (CPT® 71250) (Not CPT® 71271 which is ONLY the annual screen)

<p>0633T 0634T 0635T 0636T 0637T 0638T</p>	<p><u>BR-8: Alternative Breast Imaging Approaches</u></p> <ul style="list-style-type: none"> ➤ New and/or alternative breast imaging techniques include: <ul style="list-style-type: none"> ◆ CT Breast (CPT® 0633T, CPT® 0634T, CPT® 0635T, CPT® 0636T, CPT® 0637T, or CPT® 0638T) ➤ While alternative breast imaging techniques may have FDA approval, they remain investigational with respect to both screening and diagnosis of breast cancer.
<p>0614T</p>	<p><u>CRID-1.2: Removal and replacement</u></p> <ul style="list-style-type: none"> ➤ Generator replacement (CPT® 33227, 33228, 33229, 33262, 33263, 33264, 0614T) with a same or similar device is indicated when: <ul style="list-style-type: none"> ◆ Interrogation shows device is nearing Elective Replacement Indicator (ERI) or End of Life (EOL). ◆ Interrogation report documents the device is not functioning correctly and requires replacement.
<p>C9762 C9763</p>	<ul style="list-style-type: none"> ➤ C9762--Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging. The use of CMR strain imaging for the quantification of segmental dysfunction is considered investigational and experimental at this time. ➤ C9763--Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging. The use of stress CMR for the quantification of segmental dysfunction is considered investigational and experimental at this time.