

HealthFirst

Prior Authorization Procedure List: Radiology Imaging Services

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
MRI	70336	MRI TMJ	Yes	Yes
CT	70450	CT Head Without Contrast	Yes	Yes
CT	70460	CT Head With Contrast	Yes	Yes
CT	70470	CT Head Without & With Contrast	Yes	Yes
CT	70480	CT Orbit Without Contrast	Yes	Yes
CT	70481	CT Orbit With Contrast	Yes	Yes
CT	70482	CT Orbit Without & With Contrast	Yes	Yes
CT	70486	CT Maxillofacial Without Contrast	Yes	Yes
CT	70487	CT Maxillofacial With Contrast	Yes	Yes
CT	70488	CT Maxillofacial Without & With Contrast	Yes	Yes
CT	70490	CT Soft Tissue Neck Without Contrast	Yes	Yes
CT	70491	CT Soft Tissue Neck With Contrast	Yes	Yes
CT	70492	CT Soft Tissue Neck Without & With Contrast	Yes	Yes
CT	70496	CT Angiography Head	Yes	Yes
CT	70498	CT Angiography Neck	Yes	Yes
MRI	70540	MRI Orbit, Face, Neck and/or Without Contrast	Yes	Yes
MRI	70542	MRI Face, Orbit, Neck With Contrast	Yes	Yes
MRI	70543	MRI Face, Orbit, Neck With & Without Contrast	Yes	Yes
MRA	70544	MRA Head Without Contrast	Yes	Yes
MRA	70545	MRA Head With Contrast	Yes	Yes
MRA	70546	MRA Head With & Without Contrast	Yes	Yes
MRA	70547	MRA Neck Without Contrast	Yes	Yes
MRA	70548	MRA Neck With Contrast	Yes	Yes
MRA	70549	MRA Neck With & Without Contrast	Yes	Yes
MRI	70551	MRI Head Without Contrast	Yes	Yes
MRI	70552	MRI Head With Contrast	Yes	Yes
MRI	70553	MRI Head With & Without Contrast	Yes	Yes
MRI	70554	MRI Brain, functional MRI	Yes	Yes
MRI	70555	MRI Brain, functional MRI, requiring physician	Yes	Yes
CT	71250	CT Thorax, Diagnostic; Without Contrast Material	Yes	Yes
CT	71260	CT Thorax, Diagnostic; With Contrast Material(s)	Yes	Yes
CT	71270	CT Thorax, Diagnostic; Without Contrast Material, Followed By Contrast Material(s) And Further Sections	Yes	Yes

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CT	71275	CT Angiography Chest Without Contrast Material, Followed by Contrast Material and Further Sections, Including Image Post processing	Yes	Yes
MRI	71550	MRI Chest Without Contrast	Yes	Yes
MRI	71551	MRI Chest With Contrast	Yes	Yes
MRI	71552	MRI Chest With & Without Contrast	Yes	Yes
MRA	71555	MRA Chest (Excluding Myocardium) With Or Without Contrast	Yes	Yes
CT	72125	CT Cervical Spine Without Contrast	Yes	Yes
CT	72126	CT Cervical Spine With Contrast	Yes	Yes
CT	72127	CT Cervical Spine Without & With Contrast	Yes	Yes
CT	72128	CT Thoracic Spine Without Contrast	Yes	Yes
CT	72129	CT Thoracic Spine With Contrast	Yes	Yes
CT	72130	CT Thoracic Spine Without & With Contrast	Yes	Yes
CT	72131	CT Lumbar Spine Without Contrast	Yes	Yes
CT	72132	CT Lumbar Spine With Contrast	Yes	Yes
CT	72133	CT Lumbar Spine Without & With Contrast	Yes	Yes
MRI	72141	MRI Cervical Spine Without Contrast	Yes	Yes
MRI	72142	MRI Cervical Spine With Contrast	Yes	Yes
MRI	72146	MRI Thoracic Spine Without Contrast	Yes	Yes
MRI	72147	MRI Thoracic Spine With Contrast	Yes	Yes
MRI	72148	MRI Lumbar Spine Without Contrast	Yes	Yes
MRI	72149	MRI Lumbar Spine With Contrast	Yes	Yes
MRI	72156	MRI Cervical Spine With & Without Contrast	Yes	Yes
MRI	72157	MRI Thoracic Spine With & Without Contrast	Yes	Yes
MRI	72158	MRI Lumbar Spine With & Without Contrast	Yes	Yes
MRA	72159	MRA Spinal Canal With Or Without Contrast	Yes	Yes
CT	72191	CT Angiography Pelvis	Yes	Yes
CT	72192	CT Pelvis Without Contrast	Yes	Yes
CT	72193	CT Pelvis With Contrast	Yes	Yes
CT	72194	CT Pelvis Without & With Contrast	Yes	Yes
MRI	72195	MRI Pelvis Without Contrast	Yes	Yes
MRI	72196	MRI Pelvis With Contrast	Yes	Yes
MRI	72197	MRI Pelvis With & Without Contrast	Yes	Yes
MRA	72198	MRA Pelvis With Or Without Contrast	Yes	Yes
CT	73200	CT Upper Extremity Without Contrast	Yes	Yes
CT	73201	CT Upper Extremity With Contrast	Yes	Yes
CT	73202	CT Upper Extremity Without & With Contrast	Yes	Yes
CT	73206	CT Angiography Upper Extremity	Yes	Yes
MRI	73218	MRI Upper Extremity Without Contrast	Yes	Yes
MRI	73219	MRI Upper Extremity With Contrast	Yes	Yes
MRI	73220	MRI Upper Extremity With & Without Contrast	Yes	Yes
MRI	73221	MRI Upper Extremity Joint Without Contrast	Yes	Yes
MRI	73222	MRI Upper Extremity Joint With Contrast	Yes	Yes
MRI	73223	MRI Upper Extremity Joint With & Without Contrast	Yes	Yes
MRA	73225	MRA Upper Extremity With Or Without Contrast	Yes	Yes
CT	73700	CT Lower Extremity Without Contrast	Yes	Yes

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CT	73701	CT Lower Extremity With Contrast	Yes	Yes
CT	73702	CT Lower Extremity Without & With Contrast	Yes	Yes
CT	73706	CT Angiography Lower Extremity	Yes	Yes
MRI	73718	MRI Lower Extremity Without Contrast	Yes	Yes
MRI	73719	MRI Lower Extremity With Contrast	Yes	Yes
MRI	73720	MRI Lower Extremity With & Without Contrast	Yes	Yes
MRI	73721	MRI Lower Extremity Joint Without Contrast	Yes	Yes
MRI	73722	MRI Lower Extremity Joint With Contrast	Yes	Yes
MRI	73723	MRI Lower Extremity Joint With & Without Contrast	Yes	Yes
MRA	73725	MRA Lower Extremity With Or Without Contrast	Yes	Yes
CT	74150	CT Abdomen Without Contrast	Yes	Yes
CT	74160	CT Abdomen With Contrast	Yes	Yes
CT	74170	CT Abdomen Without & With Contrast	Yes	Yes
CT	74174	CT angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	Yes	Yes
CT	74175	CT Angiography Abdomen	Yes	Yes
CT	74176	CT Abdomen And Pelvis Without Contrast	Yes	Yes
CT	74177	CT Abdomen And Pelvis With Contrast	Yes	Yes
CT	74178	Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions	Yes	Yes
MRI	74181	MRI Abdomen Without Contrast	Yes	Yes
MRI	74182	MRI Abdomen With Contrast	Yes	Yes
MRI	74183	MRI Abdomen With & Without Contrast	Yes	Yes
MRA	74185	MRA Abdomen With Or Without Contrast	Yes	Yes
CT	74261	Computed tomographic (CT) colonography, diagnostic, including image post processing; without contrast material	Yes	Yes
CT	74262	Computed tomographic (CT) colonography, diagnostic, including image post processing; with contrast material(s) including non-contrast images, if performed	Yes	Yes
CT	74263	Computed tomographic (CT) colonography, screening, including image post processing	Yes	Yes
MRI	74712	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Yes	Yes
MRI	74713	Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	Yes	Yes
CT	75635	C T Angiography Abdominal Aorta	Yes	Yes
3DI	76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation	Yes	Yes

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3DI	76377	3D Rendering W Postprocessing	Yes	Yes
CT	76380	CT Limited Or Localized Follow-Up Study	Yes	Yes
MRI	76390	MRI Spectroscopy	Yes	Yes
MRI	76391	Magnetic resonance (eg, vibration) elastography	Yes	Yes
CT	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Yes	Yes
MRI	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Yes	Yes
MRI	76499	Unlisted Radiology Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	77011	CT For Stereotactic Localization	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, i	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	77013	CT Guidance For Procedures For Ablation	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, nee	Yes	Yes
MRI	77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
BMRI	77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes
BMRI	77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes
BMRI	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Yes
BMRI	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Yes

Category	CPT® Code	CPT® Code Description	Commercial, Medicaid, CHP, FHP: Requires Prior Authorization	Medicare: Requires Prior Authorization
CT	77078	Computed Tomography, bone mineral density study, 1 or more sites; axial skeleton	Yes	Yes
MRI	77084	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	Yes	Yes
NUC MED	78007	Thyroid imaging, multiple determinations	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78010	Thyroid imaging; only	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78011	Thyroid imaging; with vascular flow	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78099	Unlisted endocrine procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78135	Red Cell Survival Differential	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78191	Platelet Survival Study Only	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78199	Unlisted Hematopoietic Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78270	B-12 Absorption With Out Intrinsic Factor	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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NUC MED	78271	B-12 Absorption With Intrinsic Factor	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78599	Unlisted Respiratory Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
PET	78608	Brain Imaging, Positron Emission Tomography (PET) Metabolic Evaluation	Yes	Yes
PET	78609	Brain Imaging, Positron Emission Tomography (PET) Perfusion Evaluation	Redirect to appropriate procedure	Not Covered
NUC MED	78704	Kidney Imaging With Function Study (Imaging Renogram)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
NUC MED	78799	Unlisted Genitourinary Procedure	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
PET	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Yes	Yes
PET	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Yes	Yes
PET	78813	Positron emission tomography (PET) imaging; whole body	Yes	Yes
PETCT	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Yes	Yes
PETCT	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Yes	Yes
PETCT	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Yes	Yes
DGUS	93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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CT	0042T	CT Perfusion Brain	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Yes	Yes
MRI	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	Yes	Yes
MRI	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Yes	Yes
MRI	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	Yes	Yes
CT	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Yes	Yes
CT	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Yes	Yes
CT	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Yes	Yes
CT	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Yes	Yes
CT	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Yes	Yes
CT	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Yes	Yes
MRI	0648T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; single organ.	Yes	Yes
MRI	0649T	Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure).	Yes	Yes

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MRI	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Yes	Yes
MRI	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	Yes	Yes
CTA	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report	Yes	Yes
CTA	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Yes	Yes
CTA	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Yes	Yes
CTA	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	Yes	Yes
MRI	0865T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session	Yes	Yes
MRI	0866T	Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure)	Yes	Yes

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MRA	C8900	MRA Abdomen with contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8901	MRA Abdomen without contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8902	MRA Abdomen with and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8903	MRI Breast w/ contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8904	MRI Breast w/o contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8905	MRI Breast w. and w/o contrast, unilateral	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8906	MRI Breast Bilateral W/ Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8907	MRI Breast Bilateral W/O Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C8908	MRI Breast Bilateral W/ And W/O Contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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MRA	C8909	MRA chest w/contrast (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8910	MRA chest w/o contrast (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8911	MRA chest (excluding myocardium)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8912	MRA lower extremity w/ contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8913	MRA lower extremity w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8914	MRA lower extremity w/ and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8918	MRA pelvis w/ contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8919	MRA pelvis w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8920	MRA pelvis w/ and w/o contrast	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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MRA	C8931	MRA, W/Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8932	MRA, W/O Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8933	MRA, W/O & W/Dye, Spinal Canal	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8934	MRA, W/Dye, Upper Extremity	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8935	MRA, W/O Dye, Upper Extr	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRA	C8936	MRA, W/O & W/Dye, Upper Extr	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
MRI	C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Yes	Yes
PET	G0219	Pet Imaging Whole Body; Melanoma For Non-Covered Indications	Yes	Yes
PET	G0235	Pet Imaging, Any Site, Not Otherwise Specified	Redirect to appropriate procedure	Redirect to appropriate procedure
PET	G0252	Pet Imaging, Full And Partial-Ring Pet Scanners Only For Initial Diagnosis Of Breast Cancer And/Or Surgical Planning For Breast Cancer	Redirect to appropriate procedure	Redirect to appropriate procedure
DGUS	G0389	Ultrasound B-Scan And/Or Real Time With Image Documentation; For Abdominal Aortic Aneurysm (Aaa) Screening	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst

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MRI	S8037	Magnetic resonance cholangiopancreato-graphy (MRCP)	Redirect to appropriate procedure	Redirect to appropriate procedure
MRI	S8042	Magnetic Resonance Imaging (Mir), Low-Field	Redirect to appropriate procedure	Redirect to appropriate procedure
CT	S8080	Scintimammography (Radioimmunosintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
PET	S8085	Fluorine-18 Fluorodeoxyglucose (F-18 Fdg) Imaging Using Dual Head Coincidence Detection System. (Non-Dedicated Pet Scan)	No prior-authorization required from eviCore. Authorization may be required from Healthfirst	No prior-authorization required from eviCore. Authorization may be required from Healthfirst
CT	S8092	Electron Beam Computed Tomography (Also Known As Ultrafast CT, Cinet)	Redirect to appropriate procedure	Not Covered

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