

Prior Authorization Grid

This document identifies imaging services that require prior authorization when billed to Umpqua Health Alliance.

Important Information for All Imaging Services

The following apply unless otherwise noted:

Services not reflected on this authorization grid require prior authorization.	Prior authorization is not required when Umpqua Health Alliance is the secondary payer.	All services must be medically necessary and are subject to Oregon Health Plan regulations.	Services that are nonfunded by the Oregon Health Plan and are not an additional benefit offered by Umpqua Health Alliance will be denied as noncovered.	Early and Periodic Screening, Diagnosis and Treatment criteria apply when applicable.
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Prior Authorization Summary

When prior authorization may not be approved Umpqua Health Alliance may not authorize services under the following circumstances: • The request is incomplete. • The provider did not hold the appropriate license, certificate or credential at the time of service. • The member was not eligible for Medicaid at the time of service. • Clinical documentation is missing or does not support medical necessity. • The requested service does not comply with applicable Oregon Administrative Rules.	Prior authorization and payment considerations • Approval does not guarantee payment. Payment depends on member eligibility, benefits in effect at the time of service and medical necessity. • In network providers must submit through CIM. All communications are sent securely within CIM. • Submit current clinical documentation dated within six months. • Request Special Financial Arrangements at submission when applicable. In network claims are paid at the contracted rate unless otherwise indicated. • Requests submitted more than 30 days after the date of service or 90 days for behavioral health services must include documentation explaining the delay and are subject to retrospective review.
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UMPQUA HEALTH ALLIANCE / *Imaging*
Prior Authorization Grid

Imaging Code Search

Code	Description	PA & Coverage Details	OHP Prioritized List Reference
401	Mammography Revenue Codes	PA Not Required: For any provider.	No
403	Mammography Revenue Codes	PA Not Required: For any provider.	No
610	MRI/RMR Revenue Codes	PA Required: For all providers.	No
611	MRI/RMR Revenue Codes	PA Required: For all providers.	No
612	MRI/RMR Revenue Codes	PA Required: For all providers.	No
614	MRI/RMR Revenue Codes	PA Required: For all providers.	No
615	MRI/RMR Revenue Codes	PA Required: For all providers.	No
616	MRI/RMR Revenue Codes	PA Required: For all providers.	No
618	MRI/RMR Revenue Codes	PA Required: For all providers.	No
619	MRI/RMR Revenue Codes	PA Required: For all providers.	No
70010	Review by radiologist of lower back portion of brain image	PA Not Required: For any provider.	No
70015	Review by radiologist of brain and spinal cord image	PA Not Required: For any provider.	No

70030	X-ray of eye for detection of foreign body	PA Not Required: For any provider.	No
70100	X-ray of part of lower jaw, 1-4 views	PA Not Required: For any provider.	No
70110	X-ray of lower jaw, minimum of 4 views	PA Not Required: For any provider.	No
70120	X-ray of bone behind the ear, 1-2 views per side	PA Not Required: For any provider.	No
70130	X-ray of bone behind the ear, minimum of 3 views per side	PA Not Required: For any provider.	No
70134	X-ray of inside of ear canal	PA Not Required: For any provider.	No
70140	X-ray of face bones, 1-2 views	PA Not Required: For any provider.	No
70150	X-ray of face bones, minimum of 3 views	PA Not Required: For any provider.	No
70160	X-ray of nose bones, minimum of 3 views	PA Not Required: For any provider.	No
70170	Review by radiologist of tear drainage structure of eye image	PA Not Required: For any provider.	No
70190	X-ray of eye canal	PA Not Required: For any provider.	No
70200	X-ray of eye socket, minimum of 4 views	PA Not Required: For any provider.	No
70210	X-ray of paranasal sinus, 1-2 views	PA Not Required: For any provider.	No
70220	X-ray of paranasal sinus, minimum of 3 views	PA Not Required: For any provider.	No
70240	X-ray of bone at base of skull	PA Not Required: For any provider.	No
70250	X-ray of skull, 1-3 views	PA Not Required: For any provider.	No

70260	X-ray of skull, minimum of 4 views	PA Not Required: For any provider.	No
70300	X-ray of teeth, 1 view	PA Not Required: For any provider.	No
70310	X-ray of teeth, less than full mouth	PA Not Required: For any provider.	No
70320	X-ray of teeth, full mouth	PA Not Required: For any provider.	No
70328	X-ray of jaw joint on 1 side of mouth	PA Not Required: For any provider.	No
70330	X-ray of jaw joints on both sides of mouth	PA Not Required: For any provider.	No
70332	Review by radiologist of hinged joint of upper and lower jaw bones image	PA Not Required: For any provider.	No
70336	MRI scan of jaw joint	PA Required: For all providers.	No
70350	Imaging of jaws and skull	PA Not Required: For any provider.	No
70355	X-ray of lower jaws, upper jaws and teeth	PA Not Required: For any provider.	No
70360	X-ray of soft tissue of neck	PA Not Required: For any provider.	No
70370	X-ray of voice box or throat	PA Not Required: For any provider.	No
70371	Imaging of voice box with speech evaluation	PA Not Required: For any provider.	No
70380	X-ray of saliva gland	PA Not Required: For any provider.	No
70390	Review by radiologist of salivary structure image	PA Not Required: For any provider.	No
70450	CT scan head or brain without contrast	PA Not Required: For any provider.	No

Phone: 541-672-1685

Fax: 541-677-5881

Email:

PriorAuthorizations
@umpquahealth.com

Website:

www.umpquahealth.com

Address:

3031 NE Stephens Street,
Roseburg, OR 97470

70460	CT scan head or brain with contrast	PA Not Required: For any provider.	No
70470	CT scan of head or brain before and after contrast	PA Not Required: For any provider.	No
70480	CT scan of cranial cavity without contrast	PA Not Required: For any provider.	No
70481	CT scan of cranial cavity with contrast	PA Not Required: For any provider.	No
70482	CT scan of cranial cavity before and after contrast	PA Not Required: For any provider.	No
70486	CT scan of face without contrast	PA Not Required: For any provider.	No
70487	CT scan of face with contrast	PA Not Required: For any provider.	No
70488	CT scan of face before and after contrast	PA Not Required: For any provider.	No
70490	CT scan of soft tissue of neck without contrast	PA Not Required: For any provider.	No
70491	CT scan of soft tissue of neck with contrast	PA Not Required: For any provider.	No
70492	CT scan of soft tissue of neck before and after contrast	PA Not Required: For any provider.	No
70496	CT scan of blood vessels of head with contrast	PA Not Required: For any provider.	No
70498	CT scan of blood vessels of neck with contrast	PA Not Required: For any provider.	No
70540	MRI scan of bone of eye socket, face, and/or neck without contrast	PA Required: For all providers.	No
70542	MRI scan of bone of eye socket, face, and/or neck with contrast	PA Required: For all providers.	No
70543	MRI scan of bone of eye socket, face, and/or neck before and after contrast	PA Required: For all providers.	No

70544	MRI scan of blood vessels of head without contrast	PA Required: For all providers.	No
70545	MRI scan of blood vessels of head with contrast	PA Required: For all providers.	No
70546	MRI scan of blood vessels of head before and after contrast	PA Required: For all providers.	No
70547	MRI scan of blood vessels of neck without contrast	PA Required: For all providers.	No
70548	MRI scan of blood vessels of neck with contrast	PA Required: For all providers.	No
70549	MRI scan of blood vessels of neck before and after contrast	PA Required: For all providers.	No
70551	MRI scan of brain without contrast	PA Required: For all providers.	No
70552	MRI scan of brain with contrast	PA Required: For all providers.	No
70553	MRI scan of brain before and after contrast	PA Required: For all providers.	No
70555	Functional MRI scan of brain with neurofunctional testing	PA Required: For all providers.	No
70557	MRI scan of brain without contrast during brain procedure	PA Required: For all providers.	No
70558	MRI scan of brain with contrast during brain procedure	PA Required: For all providers.	No
70559	MRI scan of brain before and after contrast during brain procedure	PA Required: For all providers.	No
71045	X-ray of chest, 1 view	PA Not Required: For any provider.	No
71046	X-ray of chest, 2 views	PA Not Required: For any provider.	No
71047	X-ray of chest, 3 views	PA Not Required: For any provider.	No

71048	X-ray of chest, minimum of 4 views	PA Not Required: For any provider.	No
71100	X-ray of ribs on side of body, 2 views	PA Not Required: For any provider.	No
71101	X-ray of ribs on side of body, minimum of 3 views	PA Not Required: For any provider.	No
71110	X-ray of ribs on both sides of body, 3 views	PA Not Required: For any provider.	No
71111	X-ray of ribs on both sides of body, minimum of 4 views	PA Not Required: For any provider.	No
71120	X-ray of chest bone, minimum of 2 views	PA Not Required: For any provider.	No
71130	X-ray of joint between breast and collar bones, minimum of 2 views	PA Not Required: For any provider.	No
71250	CT scan of chest without contrast	PA Not Required: For any provider.	No
71260	CT scan of chest with contrast	PA Not Required: For any provider.	No
71270	CT scan of chest before and after contrast	PA Not Required: For any provider.	No
71271	Low dose CT scan of chest for lung cancer screening	PA Not Required: For any provider.	No
71275	CT scan of blood vessels of chest with contrast	PA Not Required: For any provider.	No
71550	MRI scan of chest without contrast	PA Required: For all providers.	No
71551	MRI scan of chest with contrast	PA Required: For all providers.	No
71552	MRI scan of chest before and after contrast	PA Required: For all providers.	No
71555	MRI scan of blood vessels of chest	PA Required: For all providers.	No

72020	X-ray of spine, 1 view	PA Not Required: For any provider.	No
72040	X-ray of upper spine, 2-3 views	PA Not Required: For any provider.	No
72050	X-ray of upper spine, 4-5 views	PA Not Required: For any provider.	No
72052	X-ray of upper spine, 6 or more views	PA Not Required: For any provider.	No
72070	X-ray of middle spine, 2 views	PA Not Required: For any provider.	No
72072	X-ray of middle spine, 3 views	PA Not Required: For any provider.	No
72074	X-ray of middle spine, minimum of 4 views	PA Not Required: For any provider.	No
72080	X-ray of middle and lower spine, 2 views	PA Not Required: For any provider.	No
72081	X-ray of entire middle and lower spine, 1 view	PA Not Required: For any provider.	No
72082	X-ray of entire middle and lower spine, 2-3 views	PA Not Required: For any provider.	No
72083	X-ray of entire middle and lower spine, 4-5 views	PA Not Required: For any provider.	No
72084	X-ray of entire middle and lower spine, minimum of 6 views	PA Not Required: For any provider.	No
72100	X-ray of lower and sacral spine, 2-3 views	PA Not Required: For any provider.	No
72110	X-ray of lower and sacral spine, minimum of 4 views	PA Not Required: For any provider.	No
72114	X-ray lower and sacral spine, minimum of 6 views	PA Not Required: For any provider.	No
72120	X-ray lower and sacral spine, 2-3 views bending views	PA Not Required: For any provider.	No

72125	CT scan of upper spine without contrast	PA Not Required: For any provider.	No
72126	CT scan of upper spine with contrast	PA Not Required: For any provider.	No
72127	CT scan of upper spine before and after contrast	PA Not Required: For any provider.	No
72128	CT scan of middle spine without contrast	PA Not Required: For any provider.	No
72129	CT scan of middle spine with contrast	PA Not Required: For any provider.	No
72130	CT scan of middle spine before and after contrast	PA Not Required: For any provider.	No
72131	CT scan of lower spine without contrast	PA Not Required: For any provider.	No
72132	CT scan of lower spine with contrast	PA Not Required: For any provider.	No
72133	CT scan of lower spine before and after contrast	PA Not Required: For any provider.	No
72141	MRI scan of upper spinal canal without contrast	PA Required: For all providers.	No
72142	MRI scan of upper spinal canal with contrast	PA Required: For all providers.	No
72146	MRI scan of middle spinal canal without contrast	PA Required: For all providers.	No
72147	MRI scan of middle spinal canal with contrast	PA Required: For all providers.	No
72148	MRI scan of lower spinal canal without contrast	PA Required: For all providers.	No
72149	MRI scan of lower spinal canal with contrast	PA Required: For all providers.	No
72156	MRI scan of upper spinal canal before and after contrast	PA Required: For all providers.	No

72157	MRI scan of middle spinal canal before and after contrast	PA Required: For all providers.	No
72158	MRI scan of lower spinal canal before and after contrast	PA Required: For all providers.	No
72159	MRI scan of blood vessels of spinal canal	PA Required: For all providers.	No
72170	X-ray of pelvis, 1-2 views	PA Not Required: For any provider.	No
72190	X-ray of pelvis, minimum of 3 views	PA Not Required: For any provider.	No
72191	CT scan of blood vessels of pelvis with contrast	PA Not Required: For any provider.	No
72192	CT scan of pelvis without contrast	PA Not Required: For any provider.	No
72193	CT scan of pelvis with contrast	PA Not Required: For any provider.	No
72194	CT scan of pelvis before and after contrast	PA Not Required: For any provider.	No
72195	MRI scan of pelvis without contrast	PA Required: For all providers.	No
72196	MRI scan of pelvis with contrast	PA Required: For all providers.	No
72197	MRI scan of pelvis before and after contrast	PA Required: For all providers.	No
72198	MRI scan of blood vessels of pelvis	PA Required: For all providers.	No
72200	X-ray of joint between lower spine and hip bone, 1-2 views	PA Not Required: For any provider.	No
72202	X-ray of joint between lower spine and hip bone, 3 or more views	PA Not Required: For any provider.	No
72220	X-ray of sacrum and tailbone, minimum of 2 views	PA Not Required: For any provider.	No

72240	Review by radiologist of upper spinal canal image	PA Not Required: For any provider.	No
72255	Review by radiologist of middle spinal canal image	PA Not Required: For any provider.	No
72265	Review by radiologist of lower spinal canal image	PA Not Required: For any provider.	No
72270	Review by radiologist of multiple spinal canals image	PA Not Required: For any provider.	No
73000	X-ray of collar bone	PA Not Required: For any provider.	No
73010	X-ray of shoulder blade	PA Not Required: For any provider.	No
73020	X-ray of shoulder, 1 view	PA Not Required: For any provider.	No
73030	X-ray of shoulder, minimum of 2 views	PA Not Required: For any provider.	No
73040	Review by radiologist of shoulder joint image	PA Not Required: For any provider.	No
73050	X-ray of both collar bones joints	PA Not Required: For any provider.	No
73060	X-ray of upper arm, minimum of 2 views	PA Not Required: For any provider.	No
73070	X-ray of elbow, 2 views	PA Not Required: For any provider.	No
73080	X-ray of elbow, minimum of 3 views	PA Not Required: For any provider.	No
73085	Review by radiologist of elbow image	PA Not Required: For any provider.	No
73090	X-ray of forearm, 2 views	PA Not Required: For any provider.	No
73092	X-ray of infant arm, minimum of 2 views	PA Not Required: For any provider.	No

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Fax: 541-677-5881

Email:

*PriorAuthorizations
@umpquahealth.com*

Website:

www.umpquahealth.com

Address:

3031 NE Stephens Street,
Roseburg, OR 97470

73100	X-ray of wrist, 2 views	PA Not Required: For any provider.	No
73110	X-ray of wrist, minimum of 3 views	PA Not Required: For any provider.	No
73115	Review by radiologist of wrist joint image	PA Not Required: For any provider.	No
73120	X-ray of hand, 2 views	PA Not Required: For any provider.	No
73130	X-ray of hand, minimum of 3 views	PA Not Required: For any provider.	No
73140	X-ray of finger, minimum of 2 views	PA Not Required: For any provider.	No
73200	CT scan of arm without contrast	PA Not Required: For any provider.	No
73201	CT scan of arm with contrast	PA Not Required: For any provider.	No
73202	CT scan of arm before and after contrast	PA Not Required: For any provider.	No
73206	CT scan of blood vessels of arm with contrast	PA Not Required: For any provider.	No
73218	MRI scan of arm without contrast	PA Required: For all providers.	No
73219	MRI scan of arm with contrast	PA Required: For all providers.	No
73220	MRI scan of arm before and after contrast	PA Required: For all providers.	No
73221	MRI scan of arm joint without contrast	PA Required: For all providers.	No
73222	MRI scan of arm joint with contrast	PA Required: For all providers.	No
73223	MRI scan of arm joint before and after contrast	PA Required: For all providers.	No

73225	MRI scan of blood vessels of arm	PA Required: For all providers.	No
73501	X-ray of hip, 1 view	PA Not Required: For any provider.	No
73502	X-ray of hip, 2-3 views	PA Not Required: For any provider.	No
73503	X-ray of hip, minimum of 4 views	PA Not Required: For any provider.	No
73521	X-ray of both hips, 2 views	PA Not Required: For any provider.	No
73522	X-ray of both hips, 3-4 views	PA Not Required: For any provider.	No
73523	X-ray of both hips, minimum of 5 views	PA Not Required: For any provider.	No
73525	Review by radiologist of hip joint image	PA Not Required: For any provider.	No
73551	X-ray of thigh bone, 1 view	PA Not Required: For any provider.	No
73552	X-ray of thigh bone, minimum 2 views	PA Not Required: For any provider.	No
73560	X-ray of knee, 1-2 views	PA Not Required: For any provider.	No
73562	X-ray of knee, 3 views	PA Not Required: For any provider.	No
73564	X-ray of knee, 4 or more views	PA Not Required: For any provider.	No
73565	X-ray of both knees while standing	PA Not Required: For any provider.	No
73580	Review by radiologist of knee joint image	PA Not Required: For any provider.	No
73590	X-ray of lower leg, 2 views	PA Not Required: For any provider.	No

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www.umpquahealth.com

Address:

3031 NE Stephens Street,
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73592	X-ray of infant leg, minimum of 2 views	PA Not Required: For any provider.	No
73600	X-ray of ankle, 2 views	PA Not Required: For any provider.	No
73610	X-ray of ankle, minimum of 3 views	PA Not Required: For any provider.	No
73615	Review by radiologist of ankle joint image	PA Not Required: For any provider.	No
73620	X-ray of foot, 2 views	PA Not Required: For any provider.	No
73630	X-ray of foot, minimum of 3 views	PA Not Required: For any provider.	No
73650	X-ray of heel, minimum of 2 views	PA Not Required: For any provider.	No
73660	X-ray of toe, minimum of 2 views	PA Not Required: For any provider.	No
73700	CT scan of leg without contrast	PA Not Required: For any provider.	No
73701	CT scan of leg with contrast material	PA Not Required: For any provider.	No
73702	CT scan of leg before and after contrast	PA Not Required: For any provider.	No
73706	CT scan of blood vessels of lower leg with contrast	PA Not Required: For any provider.	No
73718	MRI scan of leg without contrast	PA Required: For all providers.	No
73719	MRI scan of leg with contrast	PA Required: For all providers.	No
73720	MRI scan of leg before and after contrast	PA Required: For all providers.	No

73721	MRI scan of leg joint without contrast	PA Required: For all providers.	No
73722	MRI scan of leg joint with contrast	PA Required: For all providers.	No
73723	MRI scan of leg joint before and after contrast	PA Required: For all providers.	No
73725	MRI scan of blood vessels of leg	PA Required: For all providers.	No
74018	X-ray of abdomen, 1 view	PA Not Required: For any provider.	No
74019	X-ray of abdomen, 2 views	PA Not Required: For any provider.	No
74021	X-ray of abdomen, minimum of 3 views	PA Not Required: For any provider.	No
74022	X-ray series of abdomen with single X-ray of chest	PA Not Required: For any provider.	No
74150	CT scan of abdomen without contrast	PA Not Required: For any provider.	No
74160	CT scan of abdomen with contrast	PA Not Required: For any provider.	No
74170	CT scan of abdomen before and after contrast	PA Not Required: For any provider.	No
74174	CT scan of blood vessels of abdomen and pelvis with contrast	PA Not Required: For any provider.	No
74175	CT scan of blood vessels of abdomen with contrast	PA Not Required: For any provider.	No
74176	CT scan of abdomen and pelvis without contrast	PA Not Required: For any provider.	No
74177	CT scan of abdomen and pelvis with contrast	PA Not Required: For any provider.	No

74178	CT scan of abdomen and pelvis before and after contrast	PA Not Required: For any provider.	No
74181	MRI scan of abdomen without contrast	PA Required: For all providers.	No
74182	MRI scan of abdomen with contrast	PA Required: For all providers.	No
74183	MRI scan of abdomen before and after contrast	PA Required: For all providers.	No
74185	MRI scan of blood vessels of abdomen	PA Required: For all providers.	No
74190	Review by radiologist of abdominal cavity lining image	PA Not Required: For any provider.	No
74210	X-ray of voice box and/or esophagus with contrast	PA Not Required: For any provider.	No
74220	Single contrast X-ray of esophagus	PA Not Required: For any provider.	No
74221	Double contrast X-ray of esophagus	PA Not Required: For any provider.	No
74230	Imaging for evaluation of swallowing function	PA Not Required: For any provider.	No
74235	Review by radiologist of imaging for removal of esophageal foreign body in esophagus	PA Not Required: For any provider.	No
74240	Single contrast X-ray of upper digestive tract	PA Not Required: For any provider.	No
74246	Double contrast X-ray of upper digestive tract	PA Not Required: For any provider.	No
74248	Follow-through X-ray of small intestines	PA Not Required: For any provider.	No
74250	Single contrast X-ray of small intestine	PA Not Required: For any provider.	No

74251	Double contrast X-ray of small intestine	PA Not Required: For any provider.	No
74270	Single contrast X-ray of large intestine	PA Not Required: For any provider.	No
74280	Double contrast X-ray of large intestine	PA Not Required: For any provider.	No
74283	Enema using air or contrast	PA Not Required: For any provider.	No
74290	Imaging of gallbladder with contrast	PA Not Required: For any provider.	No
74300	Review by radiologist of bile and/or pancreatic duct image during surgery	PA Not Required: For any provider.	No
74301	Review by radiologist of additional bile and/or pancreatic duct image during surgery	PA Not Required: For any provider.	No
74328	Review by radiologist of image from tube placement into bile duct using an endoscope	PA Not Required: For any provider.	No
74329	Review by radiologist of image from tube placement into pancreatic duct using an endoscope	PA Not Required: For any provider.	No
74330	Review by radiologist of image from tube placement into bile and pancreatic duct using an endoscope	PA Not Required: For any provider.	No
74340	Review by radiologist of placement of long small bowel tube	PA Not Required: For any provider.	No
74355	Review by radiologist of placement of small bowel tube	PA Not Required: For any provider.	No
74360	Review by radiologist of image to guide opening of digestive tract	PA Not Required: For any provider.	No
74363	Review by radiologist of image to guide opening of bile duct	PA Not Required: For any provider.	No
74400	Imaging of urinary tract with injection of contrast into a vein	PA Not Required: For any provider.	No

74410	Imaging of urinary tract using infusion technique	PA Not Required: For any provider.	No
74415	Imaging of urinary tract using infusion technique with kidney section filming	PA Not Required: For any provider.	No
74420	Imaging of urinary tract following injection of a contrast agent	PA Not Required: For any provider.	No
74425	Review by radiologist of upper urinary tract image	PA Not Required: For any provider.	No
74430	Review by radiologist of urinary bladder image	PA Not Required: For any provider.	No
74440	Review by radiologist of male internal genitals image	PA Not Required: For any provider.	No
74445	Review by radiologist of penis image	PA Not Required: For any provider.	No
74450	Review by radiologist of urinary bladder and urethra images with contrast	PA Not Required: For any provider.	No
74455	Review by radiologist of urinary bladder and urethra images with contrast and after passing urine	PA Not Required: For any provider.	No
74470	Review by radiologist of kidney cyst image	PA Not Required: For any provider.	No
74485	Review by radiologist of ureter or urethra image	PA Not Required: For any provider.	No
74710	Measurement of diameters of pelvis in female	PA Not Required: For any provider.	No
74712	MRI scan of fetus for single or first pregnancy	In-network: No PA. Out-of-network: PA required.	No
74713	MRI scan of fetus for each additional pregnancy	PA Not Required: For any provider.	No
74740	Review by radiologist of uterine tube and ovary image	PA Not Required: For any provider.	No

74775	Imaging of anogenital region	PA Not Required: For any provider.	No
75557	MRI scan of heart without contrast	In-network: No PA. Out-of-network: PA required.	No
75559	MRI scan of heart without contrast with stress imaging	In-network: No PA. Out-of-network: PA required.	No
75561	MRI scan of heart before and after contrast	In-network: No PA. Out-of-network: PA required.	No
75563	MRI scan of heart before and after contrast with stress imaging	In-network: No PA. Out-of-network: PA required.	No
75565	MRI scan of blood flow of heart	PA Not Required: For any provider.	No
75572	CT scan of heart structure with contrast	PA Not Required: For any provider.	No
75573	CT scan of congenital heart disease with contrast	PA Not Required: For any provider.	No
75600	Review by radiologist of chest aorta image	PA Not Required: For any provider.	No
75605	Review by radiologist of chest aorta serial images	PA Not Required: For any provider.	No
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	PA Not Required: For any provider.	No
75630	Review by radiologist of abdominal aorta and both leg arteries image	PA Not Required: For any provider.	No
75635	CT scan of abdominal aorta and both leg arteries with contrast	PA Not Required: For any provider.	No
75705	Review by radiologist of spinal artery image	PA Not Required: For any provider.	No
75710	Review by radiologist of arm or leg artery image	PA Not Required: For any provider.	No

75716	Review by radiologist of both arms or legs arteries image	PA Not Required: For any provider.	No
75726	Review by radiologist of abdominal artery image	PA Not Required: For any provider.	No
75731	Review by radiologist of adrenal gland artery image	PA Not Required: For any provider.	No
75733	Review by radiologist of both adrenal glands arteries image	PA Not Required: For any provider.	No
75736	Review by radiologist of pelvis artery image	PA Not Required: For any provider.	No
75741	Review by radiologist of lung artery image	PA Not Required: For any provider.	No
75743	Review by radiologist of arteries of both lungs image	PA Not Required: For any provider.	No
75746	Review by radiologist of lung artery image with contrast	PA Not Required: For any provider.	No
75756	Review by radiologist of breast artery of breast image	PA Not Required: For any provider.	No
75774	Review by radiologist of additional artery image	PA Not Required: For any provider.	No
75801	Review by radiologist of lymphatic system of arm or leg image	PA Not Required: For any provider.	No
75803	Review by radiologist of lymphatic system of both arms or legs image	PA Not Required: For any provider.	No
75805	Review by radiologist of lymphatic system of side of pelvis and abdomen image	PA Not Required: For any provider.	No
75807	Review by radiologist of lymphatic system of both side of pelvis and abdomen image	PA Not Required: For any provider.	No
75809	Review by radiologist of previous placed shunt image	PA Not Required: For any provider.	No
75810	Review by radiologist of spleen and liver vein image	PA Not Required: For any provider.	No

75820	Review by radiologist of 1 arm or leg vein of 1 arm or leg image	PA Not Required: For any provider.	No
75822	Review by radiologist of both arms and legs veins of both arms or legs image	PA Not Required: For any provider.	No
75825	Review by radiologist of major lower body vein image	PA Not Required: For any provider.	No
75827	Review by radiologist of major upper body vein image	PA Not Required: For any provider.	No
75831	Review by radiologist of kidney image	PA Not Required: For any provider.	No
75833	Review by radiologist of both kidneys veins image	PA Not Required: For any provider.	No
75840	Review by radiologist of adrenal gland vein image	PA Not Required: For any provider.	No
75842	Review by radiologist of both adrenal gland veins image	PA Not Required: For any provider.	No
75860	Review by radiologist of head or neck vein system image	PA Not Required: For any provider.	No
75870	Review by radiologist of head vein system image	PA Not Required: For any provider.	No
75872	Review by radiologist of spinal canal vein image	PA Not Required: For any provider.	No
75880	Review by radiologist of eye socket vein of eye socket image	PA Not Required: For any provider.	No
75885	Review by radiologist of the vein that transports blood to the liver image with assessment of blood flow	PA Not Required: For any provider.	No
75887	Review by radiologist of the vein that transports blood to the liver image	PA Not Required: For any provider.	No
75889	Review by radiologist of liver vein image with assessment of blood flow	PA Not Required: For any provider.	No

75891	Review by radiologist of liver vein image	PA Not Required: For any provider.	No
75893	Review by radiologist of imaging guidance for removal of blood sample	PA Not Required: For any provider.	No
75894	Review by radiologist of image for insertion of material to block blood flow	PA Not Required: For any provider.	No
75898	Imaging of blood vessel	In-network: No PA. Out-of-network: PA required.	No
75901	Review by radiologist of image for removal of obstructive material	PA Not Required: For any provider.	No
75902	Review by radiologist of image for removal of tissue or obstructive material from central venous tube	PA Not Required: For any provider.	No
75956	Review by radiologist of image for repair of descending aorta and subclavian artery with insertion of graft and extensions	In-network: No PA. Out-of-network: PA required.	No
75957	Review by radiologist of image for repair of descending aorta with insertion of graft and extensions	In-network: No PA. Out-of-network: PA required.	No
75958	Review by radiologist of image for insertion of extension	In-network: No PA. Out-of-network: PA required.	No
75959	Review by radiologist of image for insertion of extension after previous repair of descending aorta	In-network: No PA. Out-of-network: PA required.	No
75970	Review by radiologist of image for biopsy of blood vessel with tube	In-network: No PA. Out-of-network: PA required.	No
75984	Review by radiologist of image for replacement of stomach or large bowel tube	PA Not Required: For any provider.	No
75989	Review by radiologist of image for drainage of fluid	PA Not Required: For any provider.	No
76000	Imaging guidance for procedure, 60 minutes or less	PA Not Required: For any provider.	No
76010	X-ray from nose to rectum	PA Not Required: For any provider.	No

76080	Review by radiologist of abscess or sinus cavity study	PA Not Required: For any provider.	No
76098	X-ray of surgical specimen	PA Not Required: For any provider.	No
76100	X-ray of body plane	PA Not Required: For any provider.	No
76120	Imaging of organ	PA Not Required: For any provider.	No
76125	Imaging of organ, complimenting routine exam	PA Not Required: For any provider.	No
76140	Written consultation report on X-ray	In-network: No PA. Out-of-network: PA required.	No
76145	Medical physics dose evaluation for radiation exposure, including report	PA Not Required: For any provider.	No
76380	Limited or follow-up CT scan	PA Not Required: For any provider.	No
76390	MRI study for measuring biochemical changes in the brain	PA Not Required: For any provider.	No
76391	MRI and low frequency vibrations for measuring tissue stiffness	PA Not Required: For any provider.	No
76496	Other fluoroscopic procedure	PA Not Required: For any provider.	No
76497	Other CT scan	PA Not Required: For any provider.	No
76498	Other MRI scan	In-network: No PA. Out-of-network: PA required.	No
76499	Other diagnostic Imaging procedure	In-network: No PA. Out-of-network: PA required.	No
76506	Ultrasound scan of brain	PA Not Required: For any provider.	No

76510	1D and 2D ultrasound scan of eye tissue and structures	PA Not Required: For any provider.	No
76511	1D ultrasound scan of eye tissue and structures	PA Not Required: For any provider.	No
76512	2D ultrasound scan of eye tissue and structures	PA Not Required: For any provider.	No
76513	Ultrasound scan of eye using water bath method	PA Not Required: For any provider.	No
76514	Ultrasound scan of cornea to determine thickness	PA Not Required: For any provider.	No
76516	Ultrasound scan to determine eye length	PA Not Required: For any provider.	No
76519	Ultrasound scan to determine eye length and lens power	PA Not Required: For any provider.	No
76529	Ultrasound scan of eye for foreign body localization	PA Not Required: For any provider.	No
76536	Ultrasound scan of head and neck soft tissue	PA Not Required: For any provider.	No
76604	Ultrasound scan of chest	PA Not Required: For any provider.	No
76641	Complete ultrasound scan of 1 breast	PA Not Required: For any provider.	No
76642	Limited ultrasound scan of 1 breast	PA Not Required: For any provider.	No
76700	Complete ultrasound scan of abdomen	PA Not Required: For any provider.	No
76705	Limited ultrasound scan of abdomen	PA Not Required: For any provider.	No
76706	Ultrasound scan of abdominal aorta	PA Not Required: For any provider.	No

76770	Complete ultrasound scan behind abdominal cavity	PA Not Required: For any provider.	No
76775	Limited ultrasound scan behind abdominal cavity	PA Not Required: For any provider.	No
76776	Ultrasound scan of transplanted kidney	PA Not Required: For any provider.	No
76800	Ultrasound scan of spinal canal	PA Not Required: For any provider.	No
76801	Ultrasound scan of pregnant uterus (less than 14 weeks), single or first fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76802	Ultrasound scan of pregnant uterus (less than 14 weeks), each additional fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76805	Ultrasound scan of pregnant uterus (14 weeks or more), single or first fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76810	Ultrasound scan of pregnant uterus (14 weeks or more), each additional fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76811	Ultrasound scan of pregnant uterus with detailed fetal anatomic examination, single or first fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76812	Ultrasound scan of pregnant uterus with detailed fetal anatomic examination, each additional fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76813	Ultrasound scan of pregnant uterus (less than 14 weeks), with measurement of the clear space beneath skin at the back of fetal neck, single or first fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	GUIDELINE NOTE D17
76814	Ultrasound scan of pregnant uterus (less than 14 weeks), with measurement of the clear space beneath skin at the back of fetal neck, each additional fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	GUIDELINE NOTE D17

76815	Limited ultrasound of pregnant uterus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76816	Follow-up ultrasound scan of pregnant uterus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76817	Vaginal ultrasound of pregnant uterus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76818	Ultrasound and monitoring of heart of fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76819	Ultrasound scan of fetus	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76820	Ultrasound scan of fetal umbilical artery blood flow rate	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76821	Ultrasound scan of fetal brain artery blood flow rate	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76825	Ultrasound scan of fetal heart	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76826	Follow-up ultrasound scan of fetal heart	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76827	Ultrasound scan of fetal heart blood flow	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76828	Follow-up ultrasound scan of fetal heart blood flow	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76830	Ultrasound scan of uterus, ovaries, tubes, cervix and pelvic area through vagina	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No

76831	Ultrasound scan of uterus and uterine cavity	No PA required for any providers unless needing more than two for routine screening or for a medical diagnosis.	No
76856	Complete ultrasound scan of pelvis	PA Not Required: For any provider.	No
76857	Limited ultrasound scan of pelvis	PA Not Required: For any provider.	No
76870	Ultrasound scan of scrotum	PA Not Required: For any provider.	No
76872	Ultrasound scan of pelvic region through rectum	PA Not Required: For any provider.	No
76873	Ultrasound scan of prostate through rectum	PA Not Required: For any provider.	No
76881	Complete ultrasound scan of joint	PA Not Required: For any provider.	No
76882	Limited ultrasound scan of joint or other extremity structure lacking blood vessels	PA Not Required: For any provider.	No
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	PA Not Required: For any provider.	No
76885	Ultrasound scan of infant hip during movement	PA Not Required: For any provider.	No
76886	Ultrasound scan of infant hip	PA Not Required: For any provider.	No
76932	Ultrasonic guidance for biopsy of heart muscle	PA Not Required: For any provider.	No
76936	Ultrasound guided compression repair of blood vessel	PA Not Required: For any provider.	No
76937	Ultrasonic guidance for blood vessel access	PA Not Required: For any provider.	No
76940	Ultrasound guidance for tissue removal	PA Not Required: For any provider.	No

76941	Ultrasonic guidance for fetal transfusion or umbilical blood sampling	PA Not Required: For any provider.	No
76942	Ultrasonic guidance for needle placement	PA Not Required: For any provider.	No
76945	Ultrasonic guidance for testing placental tissue	PA Not Required: For any provider.	No
76946	Ultrasonic guidance for removal of amniotic fluid	PA Not Required: For any provider.	No
76948	Ultrasonic guidance for retrieval of egg	PA Not Required: For any provider.	No
76965	Ultrasonic guidance for administration of radiation therapy	PA Not Required: For any provider.	No
76975	Review by radiologist of ultrasound of digestive tract using an endoscope	PA Not Required: For any provider.	No
76977	Ultrasound scan of bone for measuring loss	PA Not Required: For any provider.	No
76981	Ultrasound scan of organ tissue for measuring elasticity	PA Not Required: For any provider.	No
76982	Ultrasound scan of growth for measuring elasticity, first growth	PA Not Required: For any provider.	No
76983	Ultrasound scan of growth for measuring elasticity, each additional growth	PA Not Required: For any provider.	No
76998	Ultrasonic guidance during surgery	PA Not Required: For any provider.	No
76999	Other ultrasound procedure	In-network: No PA. Out-of-network: PA required.	No
77001	Fluoroscopic guidance for insertion or removal of central vein access device	PA Not Required: For any provider.	No
77002	Fluoroscopic guidance for needle placement	PA Not Required: For any provider.	No
77003	Fluoroscopic guidance for spine or back muscle injection	PA Not Required: For any provider.	No

77011	CT guidance for needle or tube localization	PA Not Required: For any provider.	No
77012	Review by radiologist of CT guidance for needle placement	PA Not Required: For any provider.	No
77013	CT guidance for tissue removal	PA Not Required: For any provider.	No
77014	CT guidance for insertion of radiation therapy fields	PA Not Required: For any provider.	No
77021	Review by radiologist of MRI guidance for needle placement	PA Not Required: For any provider.	No
77022	MRI guidance for tissue removal	PA Not Required: For any provider.	No
77046	MRI scan of 1 breast without contrast	PA Not Required: For any provider.	No
77047	MRI scan of both breasts without contrast	PA Not Required: For any provider.	No
77048	MRI scan of 1 breast	PA Not Required: For any provider.	No
77049	MRI scan of both breasts	PA Not Required: For any provider.	No
77053	Review by radiologist of breast duct image, 1 duct	PA Not Required: For any provider.	No
77054	Review by radiologist of breast duct image, multiple ducts	PA Not Required: For any provider.	No
77065	Diagnostic mammography of 1 breast	PA Not Required: For any provider.	No
77066	Diagnostic mammography of both breasts	PA Not Required: For any provider.	No
77067	Screening mammography	PA Not Required: For any provider.	No
77071	Application of stress by physician for joint imaging	PA Not Required: For any provider.	No

77072	X-ray for estimating bone age	PA Not Required: For any provider.	No
77073	X-ray for bone length assessment	PA Not Required: For any provider.	No
77074	Limited X-ray of body bones	PA Not Required: For any provider.	No
77075	Complete X-ray of body bones	PA Not Required: For any provider.	No
77076	X-ray of infant body bones	PA Not Required: For any provider.	No
77077	X-ray of joints, multiple	PA Not Required: For any provider.	No
77078	CT scan for measuring calcium and other minerals in bone	PA Not Required: For any provider.	No
77080	DXA bone density measurement of hip, pelvis, spine	PA Not Required: For any provider.	No
77081	DXA bone density measurement of forearm, finger, hand, or foot	PA Not Required: For any provider.	No
77085	DXA bone density measurement of hip, pelvis, spine including spine fracture assessment	PA Not Required: For any provider.	No
77261	Simple radiation therapy planning	PA Not Required: For any provider.	No
77262	Intermediate radiation therapy planning	PA Not Required: For any provider.	No
77263	Complex radiation therapy planning	PA Not Required: For any provider.	No
77280	Obtaining data needed to develop the optimal radiation treatment, 1 treatment area	PA Not Required: For any provider.	No
77285	Obtaining data needed to develop the optimal radiation treatment, 2 treatment areas	In-network: No PA. Out-of-network: PA required.	No

77290	Obtaining data needed to develop the optimal radiation treatment, 3 or more treatment areas or any number of treatment areas where special treatment is involved	In-network: No PA. Out-of-network: PA required.	No
77293	Obtaining respiratory data needed to develop the optimal radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77295	3D radiation therapy planning	In-network: No PA. Out-of-network: PA required.	No
77299	Other management of radiation therapy or therapeutic radiology	In-network: No PA. Out-of-network: PA required.	No
77300	Calculation of radiation therapy dose	PA Not Required: For any provider.	No
77301	High precision radiation therapy planning	In-network: No PA. Out-of-network: PA required.	No
77306	Simple radiation therapy planning for delivery of external radiation	PA Not Required: For any provider.	No
77307	Complex radiation therapy planning for delivery of external radiation	In-network: No PA. Out-of-network: PA required.	No
77316	Simple radiation therapy planning for delivery of internal radiation	PA Not Required: For any provider.	No
77317	Intermediate radiation therapy planning for delivery of internal radiation	PA Not Required: For any provider.	No
77318	Complex radiation therapy planning for delivery of internal radiation	In-network: No PA. Out-of-network: PA required.	No
77321	Special radiation therapy planning for delivery of external radiation	PA Not Required: For any provider.	No
77331	Special radiation therapy planning	PA Not Required: For any provider.	No
77332	Design and construction of simple radiation treatment device	PA Not Required: For any provider.	No
77333	Design and construction of intermediate radiation treatment device	PA Not Required: For any provider.	No
77334	Design and construction of complex radiation treatment device	PA Not Required: For any provider.	No

77336	Continuing radiation therapy consultation per week	PA Not Required: For any provider.	No
77338	Design and construction of radiation treatment device for high precision radiation therapy	In-network: No PA. Out-of-network: PA required.	No
77370	Special medical radiation therapy consultation	PA Not Required: For any provider.	No
77371	Complete single session course of cranial lesion surgery using radiation	In-network: No PA. Out-of-network: PA required.	No
77372	Complete single session course of cranial lesion surgery using radiation and a machine to deliver external radiation	In-network: No PA. Out-of-network: PA required.	No
77373	Cranial lesion surgery using radiation over multiple sessions	In-network: No PA. Out-of-network: PA required.	No
77385	Delivery of simple high precision radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77386	Delivery of complex high precision radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77387	Imaging guidance for localization of radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77399	Other management of radiation therapy and medical radiation physics	In-network: No PA. Out-of-network: PA required.	No
77401	Superficial and/or low voltage radiation treatment delivery	PA Not Required: For any provider.	No
77402	Delivery of simple radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77407	Delivery of intermediate radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77412	Delivery of complex radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77417	X-ray during radiation therapy	PA Not Required: For any provider.	No
77423	Delivery of specialized external radiation treatment	PA Not Required: For any provider.	No

77424	Delivery of single session of intraoperative radiation treatment with X-ray	In-network: No PA. Out-of-network: PA required.	No
77425	Delivery of single session of intraoperative radiation treatment with electron beam	In-network: No PA. Out-of-network: PA required.	No
77427	Radiation treatment management, 5 treatment sessions	PA Not Required: For any provider.	No
77431	Radiation treatment management, 1-2 treatment sessions	PA Not Required: For any provider.	No
77432	Management of complete single session course of cranial lesion surgery using radiation	In-network: No PA. Out-of-network: PA required.	No
77435	Management of cranial lesion surgery using radiation over multiple sessions	In-network: No PA. Out-of-network: PA required.	No
77469	Management of intraoperative radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77470	Special radiation treatment	PA Not Required: For any provider.	No
77499	Other management of radiation therapy	In-network: No PA. Out-of-network: PA required.	No
77520	Simple proton beam radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77522	Simple proton beam radiation treatment with compensation	In-network: No PA. Out-of-network: PA required.	No
77523	Intermediate proton beam radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77525	Complex proton beam radiation treatment	In-network: No PA. Out-of-network: PA required.	No
77600	Use of externally generated heat to increase temperature of cancer cell, heating to depths 4.0 cm or less	In-network: No PA. Out-of-network: PA required.	No
77605	Use of externally generated heat to increase temperature of cancer cell, heating to depths more than 4.0 cm	In-network: No PA. Out-of-network: PA required.	No
77610	Use of interstitial probe generated heat to increase temperature of cancer cell, 1-5 probes	In-network: No PA. Out-of-network: PA required.	No

77615	Use of interstitial probe generated heat to increase temperature of cancer cell, more than 5 probes	In-network: No PA. Out-of-network: PA required.	No
77620	Use of body cavity probe generated heat to increase temperature of cancer cell	In-network: No PA. Out-of-network: PA required.	No
77750	Infusion or instillation of radioelement solution	In-network: No PA. Out-of-network: PA required.	No
77761	Simple body cavity radiation source application	In-network: No PA. Out-of-network: PA required.	No
77762	Intermediate body cavity radiation source application	In-network: No PA. Out-of-network: PA required.	No
77763	Complex body cavity radiation source application	In-network: No PA. Out-of-network: PA required.	No
77770	High dose radiation therapy, 1 channel	No PA required for in-network In-network: No PA. Out-of-network: PA required.	No
77771	High dose radiation therapy, 2-12 channels	In-network: No PA. Out-of-network: PA required.	No
77772	High dose radiation therapy, more than 12 channels	In-network: No PA. Out-of-network: PA required.	No
77778	Complex application of radiation source	In-network: No PA. Out-of-network: PA required.	No
77789	Surface application of low dose rate source	PA Not Required: For any provider.	No
77790	Supervision, handling, and loading of radiation source	PA Not Required: For any provider.	No
77799	Other administration of radiation therapy	In-network: No PA. Out-of-network: PA required.	No
78012	Nuclear medicine study of thyroid function	PA Not Required: For any provider.	No
78013	Nuclear medicine study of thyroid	PA Not Required: For any provider.	No
78014	Nuclear medicine study of thyroid and thyroid function	PA Not Required: For any provider.	No

78015	Nuclear medicine study of limited area for thyroid cancer	PA Not Required: For any provider.	No
78016	Nuclear medicine studies for thyroid cancer, additional studies	PA Not Required: For any provider.	No
78018	Nuclear medicine study of whole body for thyroid cancer	PA Not Required: For any provider.	No
78020	Nuclear medicine study of thyroid function for thyroid cancer	PA Not Required: For any provider.	No
78070	Nuclear medicine study of parathyroid	PA Not Required: For any provider.	No
78071	Nuclear medicine study of parathyroid with SPECT	PA Not Required: For any provider.	No
78072	Nuclear medicine study of parathyroid with SPECT and CT scan	PA Not Required: For any provider.	No
78075	Nuclear medicine study of adrenal glands	PA Not Required: For any provider.	No
78099	Nuclear medicine study of endocrine organs	PA Not Required: For any provider.	No
78102	Nuclear medicine study of bone marrow limited area	PA Not Required: For any provider.	No
78103	Nuclear medicine study of bone marrow multiple areas	PA Not Required: For any provider.	No
78104	Nuclear medicine study of bone marrow whole body	PA Not Required: For any provider.	No
78110	Nuclear medicine study of plasma volume, 1 sampling	PA Not Required: For any provider.	No
78111	Nuclear medicine study of plasma volume, multiple samplings	PA Not Required: For any provider.	No
78120	Nuclear medicine study of red blood cell volume, single sample	PA Not Required: For any provider.	No

78121	Nuclear medicine study of red blood cell volume, multiple samples	PA Not Required: For any provider.	No
78122	Nuclear medicine study of whole blood volume	PA Not Required: For any provider.	No
78130	Nuclear medicine study of red blood cell survival	PA Not Required: For any provider.	No
78140	Nuclear medicine study of radioisotope labeled red blood cells	PA Not Required: For any provider.	No
78185	Nuclear medicine study of spleen	PA Not Required: For any provider.	No
78191	Nuclear medicine study of platelet survival	PA Not Required: For any provider.	No
78195	Nuclear medicine study of lymphatic system	PA Not Required: For any provider.	No
78199	Nuclear medicine study of blood and lymphatic systems	PA Not Required: For any provider.	No
78201	Nuclear medicine study of liver	PA Not Required: For any provider.	No
78202	Nuclear medicine study of liver and blood flow	PA Not Required: For any provider.	No
78215	Nuclear medicine study of liver and spleen	PA Not Required: For any provider.	No
78216	Nuclear medicine study of liver, spleen, and blood flow	PA Not Required: For any provider.	No
78226	Nuclear medicine study of liver and bile duct system	PA Not Required: For any provider.	No
78227	Nuclear medicine study of liver and bile duct system with use of drugs	PA Not Required: For any provider.	No
78230	Nuclear medicine study of salivary gland	PA Not Required: For any provider.	No
78231	Nuclear medicine study of salivary gland with serial images	PA Not Required: For any provider.	No

78232	Nuclear medicine study of salivary gland function	PA Not Required: For any provider.	No
78258	Nuclear medicine study of esophagus to assess movement	PA Not Required: For any provider.	No
78261	Nuclear medicine study of stomach lining	PA Not Required: For any provider.	No
78262	Nuclear medicine study of stomach and esophagus to assess reflux	PA Not Required: For any provider.	No
78264	Nuclear medicine study of stomach to assess emptying	PA Not Required: For any provider.	No
78267	Nuclear medicine study to acquire exhaled breath samples	PA Not Required: For any provider.	No
78268	Nuclear medicine study to assess exhaled breath samples	PA Not Required: For any provider.	No
78278	Nuclear medicine study to assess blood loss	PA Not Required: For any provider.	No
78282	Nuclear medicine study to assess protein loss into the digestive tract	PA Not Required: For any provider.	No
78290	Nuclear medicine study of intestine	PA Not Required: For any provider.	No
78291	Nuclear medicine study to assess the degree of openness of shunt from jugular vein to abdominal cavity	PA Not Required: For any provider.	No
78299	Nuclear medicine study of digestive tracts	PA Not Required: For any provider.	No
78300	Nuclear medicine study of bone and/or joint limited area	PA Not Required: For any provider.	No
78305	Nuclear medicine study of bone and/or joint multiple areas	PA Not Required: For any provider.	No
78306	Nuclear medicine study of bone and/or joint whole body	PA Not Required: For any provider.	No
78315	Nuclear medicine study of bone taken at different times	PA Not Required: For any provider.	No

78350	Nuclear medicine study to measure bone loss using 1 photon beam	PA Not Required: For any provider.	No
78351	Nuclear medicine study to measure bone loss using 2 photon beams	PA Not Required: For any provider.	No
78399	Other nuclear medicine study of musculoskeletal system	PA Not Required: For any provider.	No
78414	Nuclear medicine study of cardiovascular function	PA Not Required: For any provider.	No
78428	Nuclear medicine study for detecting heart shunt	PA Not Required: For any provider.	No
78451	Nuclear medicine study of non-cardiac blood flow	PA Not Required: For any provider.	No
78452	Nuclear medicine study of heart muscle at rest and with stress and SPECT	PA Not Required: For any provider.	No
78453	Nuclear medicine studies of heart muscle at rest and with stress and SPECT	PA Not Required: For any provider.	No
78454	Nuclear medicine study of heart muscle at rest and with stress with single 2D image	PA Not Required: For any provider.	No
78456	Nuclear medicine studies of heart muscle at rest and with stress with single 2D image	PA Not Required: For any provider.	No
78457	Nuclear medicine study to assess blood clot in vein using radiolabeled peptide	PA Not Required: For any provider.	No
78458	Nuclear medicine study to assess blood clot in vein of side	PA Not Required: For any provider.	No
78466	Nuclear medicine study of heart muscle with metabolic evaluation	PA Not Required: For any provider.	No
78468	Nuclear medicine study of heart muscle following heart attack	PA Not Required: For any provider.	No
78469	Nuclear medicine study of heart muscle following heart attack with measurement of internal blood volume ejected with every beat	PA Not Required: For any provider.	No

78472	Nuclear medicine study of heart muscle following heart attack with SPECT	PA Not Required: For any provider.	No
78473	Nuclear medicine study of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles	PA Not Required: For any provider.	No
78481	Nuclear medicine studies of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles	PA Not Required: For any provider.	No
78483	Nuclear medicine study of heart pumping function with measurement of internal blood volume ejected with every beat over a single cycle	PA Not Required: For any provider.	No
78494	Nuclear medicine studies of blood flow in heart muscle at rest and with stress	PA Not Required: For any provider.	No
78496	Nuclear medicine study of heart pumping function by labeling red blood cells with measurement of internal blood volume ejected with every beat over multiple cycles with SPECT	PA Not Required: For any provider.	No
78499	Nuclear medicine study of heart pumping function over single cycle	PA Not Required: For any provider.	No
78579	Other nuclear medicine study of cardiovascular system	PA Not Required: For any provider.	No
78580	Nuclear medicine study of lung ventilation	PA Not Required: For any provider.	No
78582	Nuclear medicine study of lung circulation	PA Not Required: For any provider.	No
78597	Nuclear medicine study of lung ventilation and circulation	PA Not Required: For any provider.	No
78598	Nuclear medicine study of lung ventilation and blood flow to lung	PA Not Required: For any provider.	No
78599	Nuclear medicine study of lung ventilation and circulation and blood flow to lung	PA Not Required: For any provider.	No
78600	Other nuclear medicine study of respiratory system	PA Not Required: For any provider.	No
78601	Nuclear medicine study of brain, less than 4 static views	PA Not Required: For any provider.	No

78605	Nuclear medicine study of brain and blood flow	PA Not Required: For any provider.	No
78606	Nuclear medicine study of brain, 4 static views or more	PA Not Required: For any provider.	No
78608	Nuclear medicine study of brain and blood flow, 4 static views or more	PA Not Required: For any provider.	No
78609	Nuclear medicine study of brain with metabolic evaluation	PA Not Required: For any provider.	No
78610	Nuclear medicine study of brain with blood flow evaluation	PA Not Required: For any provider.	No
78630	Nuclear medicine study of brain with blood flow	PA Not Required: For any provider.	No
78635	Nuclear medicine study of cerebrospinal fluid flow after injection of contrast into lower spine	PA Not Required: For any provider.	No
78645	Nuclear medicine study of cerebrospinal fluid flow after injection of contrast into ventricles	PA Not Required: For any provider.	No
78650	Nuclear medicine study of cerebrospinal fluid flow to evaluate shunt	PA Not Required: For any provider.	No
78660	Nuclear medicine study of cerebrospinal fluid flow to locate leakage	PA Not Required: For any provider.	No
78699	Nuclear medicine study of tear drainage structure	PA Not Required: For any provider.	No
78700	Other nuclear medicine study of nervous system	PA Not Required: For any provider.	No
78701	Nuclear medicine study of kidney	PA Not Required: For any provider.	No
78707	Nuclear medicine study of kidney and blood flow	PA Not Required: For any provider.	No
78708	Nuclear medicine study of kidney, blood flow, and function	PA Not Required: For any provider.	No

78709	Nuclear medicine study of kidney, blood, flow, and function with drug administration	PA Not Required: For any provider.	No
78725	Nuclear medicine studies of kidney, blood flow, and function	PA Not Required: For any provider.	No
78730	Nuclear medicine study of kidney function	PA Not Required: For any provider.	No
78740	Nuclear medicine study of remaining urine in bladder	PA Not Required: For any provider.	No
78761	Nuclear medicine study to assess urine flow	PA Not Required: For any provider.	No
78799	Nuclear medicine study of testicle and blood flow	PA Not Required: For any provider.	No
78800	Other nuclear medicine study of urogenital system	PA Not Required: For any provider.	No
78801	Nuclear medicine study, 1 area	PA Not Required: For any provider.	No
78802	Nuclear medicine study, multiple areas	PA Not Required: For any provider.	No
78803	Nuclear medicine study, whole body	PA Not Required: For any provider.	No
78804	Nuclear medicine study, 1 area with SPECT	PA Not Required: For any provider.	No
78808	Nuclear medicine study, whole body requiring multiple imaging days	PA Not Required: For any provider.	No
78811	Injection of radioactive contrast into a vein for non-imaging gamma probe	PA Not Required: For any provider.	No
78812	Nuclear medicine study limited area	PA Not Required: For any provider.	No
78813	Nuclear medicine study from skull base to mid-thigh	PA Not Required: For any provider.	No
78815	Nuclear medicine study from skull base to mid-thigh with CT scan	PA Not Required: For any provider.	No

Phone: 541-672-1685

Fax: 541-677-5881

Email:

PriorAuthorizations
@umpquahealth.com

Website:

www.umpquahealth.com

Address:

3031 NE Stephens Street,
Roseburg, OR 97470

78816	Nuclear medicine study whole body with CT scan	PA Not Required: For any provider.	No
78830	Nuclear medicine study, 1 area with SPECT and concurrent CT scan	PA Not Required: For any provider.	No
78831	Nuclear medicine study, multiple areas with SPECT	PA Not Required: For any provider.	No
78832	Nuclear medicine study, multiple areas with SPECT and concurrent CT scan	PA Not Required: For any provider.	No
78835	Quantification of radioactive materials	PA Not Required: For any provider.	No
78999	Other nuclear medicine study	PA Not Required: For any provider.	No
79005	Radioactive drug therapy by mouth	PA Not Required: For any provider.	No
79101	Radioactive drug therapy through a vein	PA Not Required: For any provider.	No
79200	Radioactive drug therapy into a body cavity	PA Not Required: For any provider.	No
79300	Radioactive drug therapy into a tissue	PA Not Required: For any provider.	No
79403	Radioactive drug therapy of radiolabeled monoclonal antibody through a vein	PA Not Required: For any provider.	No
79440	Radioactive drug therapy into a joint	PA Not Required: For any provider.	No
79445	Radioactive drug therapy through a tube inserted in an artery	PA Not Required: For any provider.	No
79999	Radioactive drug therapy	PA Not Required: For any provider.	No
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	PA Not Required: For any provider.	No

78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	PA Required: For all providers.	No
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study.	PA Not Required: For any provider.	Yes (pairing not required)
A4641	Radiopharm dx agent noc	PA Not Required: For any provider.	Yes (pairing not required)
A4642	In111 satumomab	PA Not Required: For any provider.	Yes (pairing not required)
A9500	Tc99m sestamibi	PA Not Required: For any provider.	Yes (pairing not required)
A9501	Technetium TC-99m teboroxime	PA Not Required: For any provider.	Yes (pairing not required)
A9502	Tc99m tetrofosmin	PA Not Required: For any provider.	Yes (pairing not required)
A9503	Tc99m medronate	PA Not Required: For any provider.	Yes (pairing not required)
A9504	Tc99m apcitide	PA Not Required: For any provider.	Yes (pairing not required)
A9505	TL201 thallium	PA Not Required: For any provider.	Yes (pairing not required)
A9507	In111 capromab	PA Not Required: For any provider.	Yes (pairing not required)
A9508	I131 iodobenguante, dx	PA Not Required: For any provider.	Yes (pairing not required)
A9509	Iodine I-123 sod iodide mil	PA Not Required: For any provider.	Yes (pairing not required)
A9510	Tc99m disofenin	PA Not Required: For any provider.	Yes (pairing not required)
A9512	Tc99m pertechnetate	PA Not Required: For any provider.	Yes (pairing not required)

A9513	Lutetium Lu 177 dotatate ther	PA Not Required: For any provider.	Yes (pairing not required)
A9515	Choline c-11	PA Not Required: For any provider.	Yes (pairing not required)
A9516	Iodine I-123 sodium iodide mic	PA Not Required: For any provider.	Yes (pairing not required)
A9517	I131 iodide cap, rx	PA Not Required: For any provider.	Yes (pairing not required)
A9520	Tc99m Tetrofosmin diag 0.5mci	PA Not Required: For any provider.	Yes (pairing not required)
A9521	Tc99m exametazime	PA Not Required: For any provider.	Yes (pairing not required)
A9524	I131 serum albumin, dx	PA Not Required: For any provider.	Yes (pairing not required)
A9526	Nitrogen N-13 ammonia	PA Not Required: For any provider.	Yes (pairing not required)
A9527	Iodine I-125 sodium iodide	PA Not Required: For any provider.	Yes (pairing not required)
A9528	Iodine I-131 iodide cap, dx	PA Not Required: For any provider.	Yes (pairing not required)
A9529	I131 iodide sol, dx	PA Not Required: For any provider.	Yes (pairing not required)
A9530	I131 iodide sol, rx	PA Not Required: For any provider.	Yes (pairing not required)
A9531	I131 max 100uCi	PA Not Required: For any provider.	Yes (pairing not required)
A9532	I125 serum albumin, dx	PA Not Required: For any provider.	Yes (pairing not required)
A9536	Tc99m depreotide	PA Not Required: For any provider.	Yes (pairing not required)
A9537	Tc99m mebrofenin	PA Not Required: For any provider.	Yes (pairing not required)

A9538	Tc99m pyrophosphate	PA Not Required: For any provider.	Yes (pairing not required)
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries	PA Not Required: For any provider.	Yes (pairing not required)
A9540	Tc99m MAA	PA Not Required: For any provider.	Yes (pairing not required)
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries	PA Not Required: For any provider.	Yes (pairing not required)
A9542	Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	PA Not Required: For any provider.	Yes (pairing not required)
A9543	Y90 ibritumomab, rx	PA Not Required: For any provider.	Yes (pairing not required)
A9544	Iodine i-131 tositumomab, diagnostic, per study dose	PA Not Required: For any provider.	Yes (pairing not required)
A9545	Iodine i-131 tositumomab, therapeutic, per treatment dose	PA Not Required: For any provider.	Yes (pairing not required)
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	PA Not Required: For any provider.	Yes (pairing not required)
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie	PA Not Required: For any provider.	Yes (pairing not required)
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie	PA Not Required: For any provider.	Yes (pairing not required)
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie	PA Not Required: For any provider.	Yes (pairing not required)
A9551	Tc99m succimer	PA Not Required: For any provider.	Yes (pairing not required)
A9552	F18 fdg	PA Not Required: For any provider.	Yes (pairing not required)
A9553	Cr51 chromate	PA Not Required: For any provider.	Yes (pairing not required)
A9554	I125 iothalamate, dx	PA Not Required: For any provider.	Yes (pairing not required)

A9555	Rb82 rubidium	PA Not Required: For any provider.	Yes (pairing not required)
A9556	Ga67 gallium	PA Not Required: For any provider.	Yes (pairing not required)
A9557	Tc99m bicisate	PA Not Required: For any provider.	Yes (pairing not required)
A9558	Xe133 xenon 10mci	PA Not Required: For any provider.	Yes (pairing not required)
A9559	Co57 cyano	PA Not Required: For any provider.	Yes (pairing not required)
A9560	Tc99m labeled rbc	PA Not Required: For any provider.	Yes (pairing not required)
A9561	Tc99m oxidronate	PA Not Required: For any provider.	Yes (pairing not required)
A9562	Tc99m mertiatide	PA Not Required: For any provider.	Yes (pairing not required)
A9563	P32 Na phosphate	PA Not Required: For any provider.	Yes (pairing not required)
A9564	P32 chromic phosphate	PA Not Required: For any provider.	Yes (pairing not required)
A9566	Tc99m fanolesomab	PA Not Required: For any provider.	Yes (pairing not required)
A9567	Technetium TC-99m aerosol	PA Not Required: For any provider.	Yes (pairing not required)
A9568	Technetium tc99m arcitumomab	PA Not Required: For any provider.	Yes (pairing not required)
A9569	Technetium TC-99m auto WBC	PA Not Required: For any provider.	Yes (pairing not required)
A9570	Indium In-111 auto WBC	PA Not Required: For any provider.	Yes (pairing not required)
A9571	Indium In-111 auto platelet	PA Not Required: For any provider.	Yes (pairing not required)

A9572	Indium In-111 pentetreotide	PA Not Required: For any provider.	Yes (pairing not required)
A9575	Injection, gadoterate meglumine, 0.1 ml	PA Not Required: For any provider.	Yes (pairing not required)
A9576	Inj prohance multipack	PA Not Required: For any provider.	Yes (pairing not required)
A9577	Inj multihance	PA Not Required: For any provider.	Yes (pairing not required)
A9578	Inj multihance multipack	PA Not Required: For any provider.	Yes (pairing not required)
A9579	Gad-base MR contrast NOS,1ml	PA Not Required: For any provider.	Yes (pairing not required)
A9580	Sodium fluoride F-18	PA Not Required: For any provider.	Yes (pairing not required)
A9581	Injection, gadoxetate disodium, 1 ml	PA Not Required: For any provider.	Yes (pairing not required)
A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	PA Not Required: For any provider.	Yes (pairing not required)
A9583	Injection, gadofosveset trisodium, 1 ml	PA Not Required: For any provider.	Yes (pairing not required)
A9584	Iodine I-123 ioflupane	PA Not Required: For any provider.	Yes (pairing not required)
A9585	Injection, gadobutrol, 0.1 ml	PA Not Required: For any provider.	Yes (pairing not required)
A9586	Florbetapir F18	PA Not Required: For any provider.	Yes (pairing not required)
A9587	Gallium Ga-68	PA Not Required: For any provider.	Yes (pairing not required)
A9588	Fluciclovine f-18	PA Not Required: For any provider.	Yes (pairing not required)
A9589	Instillation, hexaminolevulinate HCl, 100 mg	PA Not Required: For any provider.	Yes (pairing not required)

A9590	Iodine i-131 iobenguane 1mci	PA Not Required: For any provider.	Yes (pairing not required)
A9591	Fluoroestradiol f 18	PA Not Required: For any provider.	Yes (pairing not required)
A9592	Copper cu 64 dotatate diag	PA Not Required: For any provider.	Yes (pairing not required)
A9593	Gallium ga-68 psma-11 ucsf	PA Not Required: For any provider.	Yes (pairing not required)
A9594	Gallium ga-68 psma-11, ucla	PA Not Required: For any provider.	Yes (pairing not required)
A9595	Piflu f-18, dia 1 millicurie	PA Required: For all providers.	No
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	PA Required: For all providers.	No
A9597	Pet, dx, for tumor id, noc	PA Not Required: For any provider.	Yes (pairing not required)
A9598	Pet dx for non-tumor id, noc	PA Not Required: For any provider.	Yes (pairing not required)
A9600	Sr89 strontium	PA Not Required: For any provider.	Yes (pairing not required)
A9604	Sm 153 lexidronam	PA Not Required: For any provider.	Yes (pairing not required)
A9606	Radium Ra223 dichloride ther	PA Not Required: For any provider.	Yes (pairing not required)
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	PA Not Required: For any provider.	Yes (pairing not required)
A9699	Radiopharm rx agent noc	PA Not Required: For any provider.	Yes (pairing not required)
A9700	Echocardiography contrast	PA Not Required: For any provider.	Yes (pairing not required)
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	In-network: No PA. Out-of-network: PA required.	No

R0075	Transport port x-ray multipl	PA Not Required: For any provider.	No
Q0092	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	PA Not Required: For any provider.	No