

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

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I. CPT¹ PROCEDURE CODES

70010 - **76083, 76086 - 76394, 76400, 76496 - 76499**

II. HCPCS CODES

G0204 - G0207

III. DESCRIPTION

Radiology is the science that deals with the use of radiant energy, such as X rays, radium, and radioactive isotopes, in the diagnosis and treatment of disease. Radiology is an important diagnostic tool useful for the evaluation. The techniques used for diagnostic radiology are as follows:

Magnetic Resonance Imaging (MRI), formerly also referred to as nuclear magnetic resonance (NMR), is a non-invasive method of graphically representing the distribution of water and other hydrogen-rich molecules in the human body. MRI uses radio frequency radiation in the presence of a carefully controlled magnetic field to produce high quality cross-sectional images of the head and body in any plane. These tomographic images represent the tissue being analyzed and the environment surrounding it. MRI has become a useful diagnostic imaging modality that is capable of demonstrating a wide variety of soft-tissue lesions with contrast resolution equal or superior to computerized tomography (CT) scanning in various parts of the body. Among the advantages of MRI are the absence of ionizing radiation and the ability to achieve high levels of tissue contrast resolution without injected iodinated contrast agents.

Magnetic Resonance Angiography (MRA) techniques generate contrast between flowing blood and surrounding tissue, and provide anatomic images that can be provided in a format similar to that of conventional x-ray angiography, and can also provide physiologic information.

A Computerized Tomography (CT)/Computerized Axial Tomography (CAT) scan is

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interchangeably referred to as either a CT or CAT scan. This diagnostic test uses x-ray technology to create three-dimensional, computerized images of internal organs. However, unlike a traditional x-ray, CT/CAT scans are able to distinguish between obscured and overlapping parts of the body. CAT scans are also capable of producing images of several different internal components, including soft tissue, blood vessels and bones.

IV. POLICY

A. MRI and MRI with contrast media are covered when medically necessary, appropriate, and the standard of care.

B. Open MRI, with or without contrast media, is covered when medically necessary, appropriate, and the standard of care. (CPT² procedure codes 70336, 70540-70543, 70551-70553, 71550-71552, 72141-72142, 72146-72149, 72156-72158, 72195-72197, 73218-73223, 73718-73723, 74181-74183, 75552-75556, 76093, 76094, and 76400.)

NOTE: The effective date for MRIs with contrast media is dependent on the FDA approval of the contrast media and a determination by the contractor of whether the labeled or unlabeled use of the contrast media is medically necessary and a proven indication.

Excludes CPT² procedure codes 76093 and 76094 (MRIs) to confirm implant rupture in symptomatic patients whose ultrasonography shows rupture, to screen for breast cancer, to evaluate breasts before biopsy, to differentiate benign from malignant breast disease and to differentiate cysts from solid lesions.

C. MRA is covered when medically necessary, appropriate and the standard of care. (CPT² procedure codes 70544-70549, 71555, 72159, 72198, 73225, 73725, and 74185.)

D. Chest x-rays (CPT² procedure codes 71010-71035) are payable.

E. Diagnostic mammography (CPT² procedure codes 76090-76092 and HCPCS codes G0204-G0207) to further define breast abnormalities or other problems is covered.

F. DEXA bone density study (CPT² procedure codes 76075-76076) is covered for the following:

1. The diagnosis and monitoring of osteoporosis.
2. The diagnosis and monitoring of osteopenia.
3. Patients must present with signs and symptoms of bone disease or be considered at high-risk. The following are considered high-risk:
 - a. Women who are estrogen-deficient and at clinical risk for osteoporosis.
 - b. Individuals who have vertebral abnormalities.

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- c. Individuals receiving long-term glucocorticoid (steroid) therapy.
 - d. Individuals with primary hyperparathyroidism.
 - e. Individuals with positive family history of osteoporosis.
 - f. EXCLUSION:
 - (1) Routine screening for osteoporosis is not covered.
 - (2) Magnetocephalography (CPT³ procedure codes 95965-95967).

G. Portable x-ray services are covered so long as the provider of the portable X-ray services is Medicare approved. In addition to the specific radiology services, reasonable transportation and set-up charges are covered and separately reimbursable.

- END -

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