List of Advanced Imaging Procedures Requiring Utilization Review (UR)

Magnetic Resonance Imaging (MRI)[1]	Without Contrast	With Contrast	With & Without Contrast
Brain	70551	70552	70553
Cervical Spine	72141	72142	72156
Lumbar Spine	72148	72149	72158
Thoracic Spine	72146	72147	72157
Upper Extremity - Joint	73221	73222	73223
- Non Joint	73218	73219	73220
Lower Extremity- Joint	73721	73722	73723
- Non Joint	73718	73719	73720

Computed Tomography (CT)	Without Contrast	With Contrast	With & Without Contrast
Brain [2]	70450	70460	70470

Cardiac Nuclear Imaging[3] *(Effective 10/1/14)*	CPT Code
Heart Muscle SPECT Imaging – Single study	78451
Heart Muscle SPECT Imaging – Multiple studies	78452
Heart Muscle Perfusion Imaging Planar – Single study	78453
Heart Muscle Perfusion Imaging Planar – Multiple studies	78454
Myocardial Imaging, PET Evaluation	78459
Myocardial Imaging, Tomographic SPECT evaluation	78469

[1] **Imaging done during ER visit**: Chart notes should be submitted for full clinical review.

[2] **Brain CT done during ER** visit does not require Qualis Health review.

[3] **Cardiac imaging requests:**
Submit an "Advanced Imaging Request for Review" form (located on-line)
- **Form link** - http://www.qualishealth.org/sites/default/files/WA-LI-Advanced-Imaging-Review-Request.pdf
- Web page - http://www.qualishealth.org/healthcare-professionals/washington-labor-industries/provider-resources

and chart notes with history, physical exam, and rationale for cardiac imaging to Qualis Health for full clinical review.