

# Oxford's Outpatient Imaging Self-Referral Policy

**Policy Number:** RADIOLOGY 013B.62  
**Effective Date:** January 1, 2026

[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li><a href="#">Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> <li><a href="#">Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> </ul>

## Coverage Rationale

- The Imaging Self-Referral Policy **does not** apply to radiology or cardiology services performed during an inpatient stay, ambulatory surgery, emergency room visit, or pre-operative/pre-admission testing. All x-rays performed at an urgent care facility are payable.
- All specialty policies apply to the related pediatric specialties as well.
- Some procedures require prior authorization.**
- To obtain prior authorization for a diagnostic radiology or diagnostic cardiology procedure, contact eviCore healthcare via one of the two options listed below:
  - Providers can log onto the [Prior Authorization and Notification App](#); or
  - Providers can call eviCore healthcare at 1-877-Pre-Auth (773-2884)
- A standard authorization number is valid for 45 calendar days. It is specific to the advanced outpatient imaging procedure requested, to be performed one time, for one date of service within the authorization time period.

Physician Type	CPT Codes	Description	Accreditation Required
<ul style="list-style-type: none"> <li>Internal Medicine</li> <li>Family Practice</li> <li>Advanced Nurse Practitioners (APRN)</li> <li>Nurse Practitioner (NP)</li> <li>Physician Assistant (PA)</li> </ul>	74018, 74019, 74021	Abdomen imaging	Accreditation not required for codes in this section.
	77080, 77081, 77085	DEXA studies, bone densitometry	
<ul style="list-style-type: none"> <li>Geriatricians</li> <li>Internal Medicine</li> <li>Family Practice</li> <li>Advanced Nurse Practitioners (APRN)</li> <li>Nurse Practitioner (NP)</li> <li>Pediatricians</li> <li>Physician Assistant (PA)</li> </ul>	71045, 71046, 71047, 71048	Chest imaging	Accreditation not required for codes in this section.

Physician Type	CPT Codes	Description	Accreditation Required
<ul style="list-style-type: none"> <li>General Surgeons</li> <li>Maternal and Fetal Medicine</li> <li>Neonatal/Perinatal Medicine</li> <li>OB/GYNs</li> <li>Reproductive Endocrinologists</li> <li>Surgical Oncologists</li> </ul>	76641, 76642	Ultrasound breast	<ul style="list-style-type: none"> <li>American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy</li> <li>American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound</li> <li>The Joint Commission (TJC)</li> </ul>
<ul style="list-style-type: none"> <li>General Surgeons</li> <li>Head and Neck Surgeons</li> <li>Surgical Oncologists</li> </ul>	76942	Ultrasonic guidance for needle placement	Accreditation not required for codes in this section.
Hand Surgeons	76000	Fluoroscopy	Accreditation not required for codes in this section.
	73100, 73110, 73115, 73120, 73130, 73140	Upper extremity imaging	
Colon and Rectal Surgeons	76872	Ultrasound, transrectal	Accreditation not required for codes in this section.
	76942	Ultrasonic guidance	
<ul style="list-style-type: none"> <li>Head and Neck Surgeons</li> <li>ENT</li> <li>Otolaryngologists</li> </ul>	76536	Ultrasound, soft tissues of head and neck	American Institute of Ultrasound in Medicine (AIUM)
Oral Surgeons	70100, 70110, 70140, 70150	Mandible and facial bone imaging	Accreditation not required for codes in this section.
	70300, 70310, 70320	Teeth imaging	
	70328, 70330	TMJ imaging	
	70350	Cephalogram, orthodontic	
	70355	Orthopantogram	
Cardiologists	75580	Fractional Flow Reserve (FFR-CT)	Refer to the Medical Policy titled <a href="#">Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</a> .
	71045, 71046, 71047, 71048	Chest imaging	
<ul style="list-style-type: none"> <li>Cardiologist</li> <li>Nuclear Medicine</li> </ul>	75580	Fractional Flow Reserve (FFR-CT)	Accreditation not required for codes in this section.
	71045, 71046, 71047, 71048	Chest imaging	
	71555	MRA Chest	Laboratories accredited by: <ul style="list-style-type: none"> <li>American College of Radiology (ACR)</li> <li>Intersocietal Commission (IAC Nuclear/PET)</li> <li>RadSite in SPECT, or</li> <li>The Joint Commission (TJC)</li> </ul>
	75557, 75559, 75561, 75563	Cardiac MRI	
	75571, 75572, 75573, 75574	Computed tomography (CT) heart	
	78451, 78452, 78453, 78454	Myocardial perfusion imaging, tomographic (SPECT)	
	78459, 78491, 78492	Myocardial imaging, positron emission tomography (PET)	
78466, 78468, 78469	Myocardial infarction scans		

Physician Type	CPT Codes	Description	Accreditation Required
<ul style="list-style-type: none"> <li>• Cardiologist</li> <li>• Nuclear Medicine (continued)</li> </ul>	78472, 78473, 78481, 78483, 78492, 78494, 78494, 78496	Cardiac blood pool imaging	Laboratories accredited by: <ul style="list-style-type: none"> <li>• American College of Radiology (ACR)</li> <li>• Intersocietal Commission (IAC Nuclear/PET)</li> <li>• RadSite in SPECT, or</li> <li>• The Joint Commission (TJC)</li> </ul>
For additional information, refer to the Medical Policies titled: <ul style="list-style-type: none"> <li>• <a href="#">Outpatient Cardiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> <li>• <a href="#">Outpatient Radiology Procedures for EviCore Arrangement (for Oxford Only)</a></li> </ul>			
Pediatric Cardiologists	76820, 76821, 76825, 76826, 76827, 76828	Echocardiography, fetal; Doppler velocimetry, fetal; middle and umbilical cerebral artery	Intersocietal Accreditation Commission for Echocardiography (IAC)
Chiropractors	72040, 72070, 72080, 72100	Spine imaging	Accreditation not required for codes in this section
Endocrinologists	76536	Ultrasound, soft tissues of head and neck	Accreditation not required for codes in this section
	76942	Ultrasonic guidance	
	77080, 77081, 77085	DEXA studies, bone densitometry	
Gastroenterologists	76975	Endoscopic ultrasound	Accreditation not required for codes in this section
<ul style="list-style-type: none"> <li>• Hematologist/Oncologists</li> <li>• Medical Oncologists</li> <li>• Oncologists</li> </ul>	71045, 71046, 71047, 71048	Chest imaging	Accreditation not required for codes in this section
Nephrologists	77021	MR guidance for needle placement	Accreditation not required for codes in this section
	77012	CT scan for needle biopsy	
	77002	Fluoroscopic guidance for needle placement	
	76942	Ultrasonic guidance	

Physician Type	CPT Codes	Description	Accreditation Required
Nuclear Medicine	74712, 74713, 78012, 78013, 78014, 78015, 78016, 78018, 78020, 78070, 78071, 78072, 78075, 78099, 78102, 78103, 78104, 78110, 78111, 78120, 78121, 78122, 78130, 78140, 78185, 78191, 78195, 78199, 78201, 78202, 78215, 78216, 78226, 78227, 78230, 78231, 78232, 78258, 78261, 78262, 78264, 78267, 78268, 78278, 78282, 78290, 78291, 78299, 78300, 78305, 78306, 78315, 78350, 78351, 78399, 78414, 78428, 78445, 78451, 78452, 78453, 78454, 78456, 78457, 78458, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499, 78579, 78580, 78582, 78597, 78598, 78599, 78600, 78601, 78605, 78606, 78608, 78609, 78610, 78630, 78635, 78645, 78650, 78660, 78699, 78700, 78701, 78707, 78708, 78709, 78725, 78730, 78740, 78761, 78799, 78800, 78801, 78802, 78803, 78804, 78808, 78811, 78812, 78813, 78814, 78815, 78816, 78999	Nuclear medicine studies	Laboratories accredited by: <ul style="list-style-type: none"> <li>Intersocietal Commission (IAC Nuclear/PET)</li> <li>American College of Radiology (ACR)</li> <li>The Joint Commission (TJC), or</li> <li>RadSite</li> </ul>
<ul style="list-style-type: none"> <li>Infertility Specialists Practicing within an Infertility Clinic</li> <li>Maternal and Fetal Medicine</li> <li>Neonatal/Perinatal Medicine</li> <li>Nurse Practitioner (NP)</li> <li>Obstetricians/ Gynecologists (OBGYN)</li> <li>Physician Assistant (PA)</li> <li>Reproductive Endocrinologists</li> </ul>	74740	Hysterosalpingography	Accreditation not required for codes in this section
	76641, 76642	Ultrasound, breast	<ul style="list-style-type: none"> <li>American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy, or</li> <li>American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound, or</li> </ul>
	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814	Ultrasound obstetrical, pelvic; Ultrasound, pregnant;	<ul style="list-style-type: none"> <li>The Joint Commission (TJC)</li> </ul>

Physician Type	CPT Codes	Description	Accreditation Required
<ul style="list-style-type: none"> <li>• Infertility Specialists Practicing within an Infertility Clinic</li> <li>• Maternal and Fetal Medicine</li> <li>• Neonatal/Perinatal Medicine</li> <li>• Nurse Practitioner (NP)</li> <li>• Obstetricians/ Gynecologists (OB/GYN)</li> <li>• Physician Assistant (PA)</li> <li>• Reproductive Endocrinologists</li> </ul>	76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828	Fetal biophysical profile; Doppler velocimetry; Echocardiography, fetal	<ul style="list-style-type: none"> <li>• American College of Radiology (ACR) in breast ultrasound and ultrasound guided biopsy, or</li> <li>• American Institute of Ultrasound in Medicine (AIUM) in diagnostic breast ultrasound and interventional breast ultrasound, or</li> <li>• The Joint Commission (TJC)</li> </ul>
(continued)	77067, 76815, 76816, 76817	Screening Mammography	Accreditation not required for codes in this section
	76830, 76831, 76856, 76857, 76941, 76942, 76945, 76946	Ultrasound: obstetrical, pelvic; Ultrasound study; Ultrasonic guidance;	
	77080, 77081, 77085	DEXA studies, bone densitometry	
	76948	Ultrasonic guidance aspiration of ova	Accreditation not required for codes in this section
<ul style="list-style-type: none"> <li>• Reproductive Endocrinologists</li> <li>• Infertility Specialists Practicing within an Infertility Clinic</li> <li>• Physician Assistant (PA)</li> <li>• Nurse Practitioner (NP)</li> </ul>	74440; 74742	Transcervical catheterization of fallopian tube; Vasography, vesiculography/ epididymography	Accreditation not required for codes in this section
<ul style="list-style-type: none"> <li>• Orthopedists</li> <li>• Orthopedic Surgeons</li> <li>• Sports Medicine</li> <li>• Physician Assistant (PA)</li> </ul>	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120	Radiologic examination, spine	Accreditation not required for codes in this section
Pain Management Specialists:			
<ul style="list-style-type: none"> <li>• Physiatrists</li> <li>• Physical Rehabilitation Medicine</li> <li>• Anesthesiologists</li> <li>• Neurologists</li> <li>• Neurosurgeons</li> </ul>	76942	Ultrasonic guidance for needle placement	
	76000, 77002, 77003	Fluoroscopy; Fluoroscopic guidance	

Physician Type	CPT Codes	Description	Accreditation Required
<ul style="list-style-type: none"> <li>• Orthopedists</li> <li>• Orthopedic Surgeons</li> <li>• Sports Medicine</li> <li>• Physician Assistant (PA)</li> </ul>	72170, 72190, 72200, 72202, 72220, 73000, 73010, 73020, 73030, 73040, 73050, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic exam, joint	Accreditation not required for codes in this section
	77071, 77073; 77077	Bone and joint studies; Joint survey	Accreditation not required for codes in this section
	71100, 71101, 71110, 71111; 71120, 71130	Radiologic exam ribs/ sternum	
	76881, 76882	Ultrasound, extremity	<ul style="list-style-type: none"> <li>• American Institute of Ultrasound in Medicine (AIUM) in Musculoskeletal Ultrasound</li> <li>• The Joint Commission (TJC)</li> </ul>
Pain Management Specialists: <ul style="list-style-type: none"> <li>• Physiatrists</li> <li>• Physical Rehabilitation Medicine</li> <li>• Anesthesiologists</li> <li>• Neurologists</li> <li>• Neurosurgeons</li> </ul>	74018, 74019, 74021	Radiologic exam, abdomen	Accreditation not required for codes in this section
Podiatrists	73600, 73610, 73620, 73630, 73650, 73660	Radiologic examination, lower extremities	Accreditation not required for codes in this section
Pulmonologists	71045, 71046, 71047, 71048	Chest Imaging	Accreditation not required for codes in this section
Rheumatologists	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120	Radiologic examination, spine	Accreditation not required for codes in this section
	72170, 72190	Radiologic examination pelvis	
	72200, 72202, 72220	Imaging sacroiliac joints	

Physician Type	CPT Codes	Description	Accreditation Required
Rheumatologists (continued)	73000, 73010, 73020, 73030, 73040, 73050, 73051, 73052, 73053, 73060, 73070, 73080, 73085, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73501, 73502, 73503, 73521, 73522, 73523, 73525, 73550, 73551, 73552, 73560, 73562, 73564, 73565, 73580, 73590, 73592, 73610, 73615, 73620, 73630, 73650, 73660	Radiologic examination, Upper and lower extremities	Accreditation not required for codes in this section
	76000, 77002, 77003	Fluoroscopy	
	76942	Ultrasonic guidance for needle placement	
	77071, 77073	Bone and joint studies	
	77077	Joint survey	
	77080, 77081, 77085	DEXA studies, bone densitometry	
Urologists	74455	Urethrocytography	Accreditation not required for codes in this section
	76775	Ultrasound, retroperitoneal	
	76857	Ultrasound pelvic limited or follow up	
	76870, 76872, 76873	Ultrasound- scrotum, transrectal or prostate volume study for brachytherapy treatment planning	
	76942	Ultrasonic guidance	
	76965	Ultrasonic guidance for interstitial radioelement application	
Vascular Surgeons	76937	Ultrasound guidance for vascular access	Accreditation not required for codes in this section
	76942	Ultrasonic guidance	
	77001	Fluoroscopic guidance	

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## Background

The outpatient imaging self-referral policy is designed to promote appropriate use of diagnostic imaging by primary care physicians and specialty physicians in office settings. High quality imaging service standards are promoted by requiring that providers limit their imaging to their specialty practice areas, and by meeting the standards of one of several national accreditation organizations, like the following:

- The American College of Radiology (ACR)
- The American Institute of Ultrasound in Medicine (AIUM)
- The Intersocietal Accreditation Commission (IAC)
- RadSite
- The Joint Commission (TJC)

The Oxford policy designates which imaging procedures shall be payable by Oxford (subject to member benefits) in primary care physicians' or specialty physicians' offices by provider practice specialty.

**Note:** Confirmed by the ACR, providing final interpretations of diagnostic procedures remains outside the physician assistants' scope of practice.

In addition, this policy describes the minimum accreditation and certification requirements for ultrasound, echocardiography, and nuclear medicine. This policy assumes board certification by an American Board of Medical Specialties (ABMS) recognized in the provider specialty listed above.

If you have specific questions about the application process for accreditation, contact the ACR or IAC on their websites or by phone. For questions about Oxford's accreditation requirements, call 1-800-666-1353.

Oxford has engaged eviCore healthcare to manage the accreditation process for our provider network. Accreditations should be submitted directly to the [EviCore healthcare website](#). To ensure prompt handling of the accreditation, ensure that all applicable facility and physician information is included.

## References

American Medical Association. Current Procedural Terminology: CPT Professional Edition. AMA Press.

GAO report in September 2012 (Medicare: Higher use of Advanced Imaging Services by Providers who Self-Refer Costing Medicare Millions).

GAO Report published in May 2013 entitled Medicare Imaging Accreditation Establishing Minimum National Standards and Oversight Framework Would Help Ensure Quality and Safety of Advanced Diagnostic Imaging Services.

Ingenix. Healthcare Common Procedure Coding System: HCPCS Level II Expert. Ingenix.

Refer to also Gazelle, et al. (Utilization of diagnostic medical imaging: comparison of radiologist referral versus same-specialty referral, *Radiology* 245:2007; 517-522).

## Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Changed policy type from "Clinical Policy" to "Administrative Policy"</li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Removed language indicating obstetrical ultrasound procedures beyond three, per member, per pregnancy requires prior authorization</li> <li>Revised list of applicable CPT codes for: <ul style="list-style-type: none"> <li><b>Pediatric Cardiologists</b> <ul style="list-style-type: none"> <li>Removed instruction to refer to the Clinical Policy titled <i>Obstetrical Ultrasonography</i> for additional information for CPT codes 76820, 76821, 76825, 76826, 76827, and 76828</li> </ul> </li> <li><b>Nuclear Medicine</b> <ul style="list-style-type: none"> <li>Removed instruction to refer to the Clinical Policy titled <i>Cardiology Procedures for eviCore healthcare Arrangement</i></li> </ul> </li> <li><b>Infertility Specialists Practicing within an Infertility Clinic, Maternal and Fetal Medicine, Neonatal/Perinatal Medicine, Nurse Practitioner (NP), Obstetricians/Gynecologists (OBGYN), Physician Assistant (PA), and Reproductive Endocrinologists</b> <ul style="list-style-type: none"> <li>Removed 76801, 76802, 76805, 76810, 76811, 76812, 76813, and 76814</li> <li>Removed instruction to refer to the Clinical Policy titled <i>Obstetrical Ultrasonography</i> for additional information for CPT codes 76801-76828</li> </ul> </li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Archived previous policy version RADIOLOGY 013B.61</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.