

Special Bulletin

For professional and facility providers

Oct. 22, 2024

Prior Authorization Update: Some eviCore-Managed Services Moving to Highmark

Effective Jan. 1, 2025, the management of more than 80 codes that require prior authorization will move from eviCore to Highmark. The codes represent some nuclear medicine and advanced imaging services, including select cardiac imaging procedures. Codes representing the following services are among those covered by this change:

- Adrenal nuclear imaging
- Bone marrow imaging
- Bone or joint imaging
- Brain imaging
- Echocardiography
- Kidney imaging
- Salivary gland imaging
- Thyroid imaging

IMPORTANT: For providers who submit authorization requests directly to eviCore, they will need to submit the codes listed below directly to Highmark via the [Availity](#)[®] portal, **effective Jan. 1, 2025**.

Codes to be Added to Prior Authorization List

The Prior Authorization list on the Provider Resource Center will not reflect these changes until the effective date of **Jan. 1, 2025**.

Procedure Code	Description
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013	Thyroid imaging (including vascular flow, when performed)
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015	Thyroid met imaging
78016	Thyroid met imaging with additional studies
78018	Thyroid scan whole body
78020	Thyroid carcinoma metastases uptake
78070	Parathyroid planar imaging (including subtraction, when performed)
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
78075	Adrenal nuclear imaging
78102	Bone marrow imaging, limited
78103	Bone marrow imaging, multiple
78104	Bone marrow imaging, whole body
78140	Labeled red cell sequestration
78185	Spleen imaging with and without vascular flow
78195	Lymph system imaging
78201	Liver imaging
78202	Liver imaging with flow
78215	Liver and spleen imaging
78216	Liver and spleen imaging with flow
78226	Hepatobiliary system imaging, including gallbladder when present;
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78230	Salivary gland imaging
78231	Serial salivary gland
78232	Salivary gland function exam
78258	Esophagus motility study
78261	Gastric mucosa imaging
78262	Gastroesophageal reflux exam
78264	Gastric emptying study
78265	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel transit
78266	Gastric emptying imaging study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days
78278	GI bleeder scan
78290	Meckel diverticulum imaging
78291	Leveen shunt patency exam
78300	Bone or joint imaging limited
78305	Bone or joint imaging multiple
78306	Bone scan whole body
78315	Bone scan 3 phase study
78445	Radionuclide venogram non-cardiac
78456	Acute venous thrombosis imaging
78457	Venous thrombosis imaging unilateral
78458	Venous thrombosis images, bilateral
78579	Pulmonary ventilation imaging (e.g., aerosol or gas)
78580	Pulmonary perfusion imaging (e.g., particulate)
78582	Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging
78597	Quantitative differential pulmonary perfusion, including imaging when performed
78598	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed
78600	Brain imaging limited static
78601	Brain limited imaging and flow
78605	Brain imaging complete

78606	Brain imaging complete with flow
78610	Brain flow imaging only
78630	Cisternogram (cerebrospinal fluid flow)
78635	Cerebrospinal ventriculography
78645	CSF shunt evaluation
78650	CSF leakage detection and localization
78660	Radiopharmaceutical dacryocystography
78699	Unlisted nuclear medicine procedures on the nervous system
78700	Kidney imaging morphology
78701	Kidney imaging with vascular flow
78707	Kidney imaging with vascular flow & function single study without pharmacological intervention
78708	Kidney imaging single study with pharmacological intervention
78709	Kidney imaging – multiple studies without & with pharmacological intervention
78725	Kidney function study – non-imaging radioisotopic
78730	Urinary bladder residual study
78740	Ureteral reflux study
78761	Testicular imaging with vascular flow
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single
78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (e.g., pelvis and knees, chest and abdomen) or separate acquisitions (e.g., lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (e.g., lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
78999	Unlisted procedure, diagnostic nuclear medicine-radiation therapy treatment planning
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only

93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
0439T	Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging

Important Information for Acquiring Prior Authorization

The [List of Procedures/DME Requiring Authorization](#) for Highmark is subject to change. During the year, Highmark makes several adjustments to its full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization. For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit. Providers should use [Avality](#) or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services before they are rendered.

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