Radiology Questionnaire

**Nuclear Scan of Liver Function**

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider’s response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

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<th>Code</th>
<th>Description</th>
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<tr>
<td>*78220</td>
<td>Liver function study with hepatobiliary agents, with serial images</td>
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In general, this test has been replaced by high-quality US of the liver along with dedicated CT and MRI imaging.

However, in very rare situations, it can be a valuable test to evaluate liver function. This is not a commonly performed radiology test today.

1. **Does the patient have:**
   - An abnormal CT, ultrasound or other imaging test where liver function imaging has been requested?  
     - ☐ Yes  
     - ☐ No

2. **Abnormal laboratory test(s) of liver function (liver enzymes, bilirubin, etc.)?**
   - ☐ Yes  
   - ☐ No

3. **Pre- or post-operative need for assessment of liver function?**
   - ☐ Yes  
   - ☐ No

If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512.

References:


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