



NETWORK *Notification*

Notice Date: June 30, 2025
To: Ohio Medicaid Providers
From: CareSource
Subject: Non-Covered Professional Radiology Services

Summary

This communication is informing providers that for claims processed on or after June 15, 2025, CareSource will implement new claims editing logic for Professional Radiology Services, to keep in alignment with the Ohio State Medicaid Guidelines.

Impact

Per the Ohio Department of Medicaid [Fee Schedule for Radiology and Imaging, "Discontinued Codes"](#), the below professional radiology services are non-covered services:

- 76140 (Consultation on X-ray examination made elsewhere, written report)
- 76948 (Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation)
- 77061 (Diagnostic digital breast tomosynthesis; unilateral)
- 77062 (Diagnostic digital breast tomosynthesis; bilateral)
- 78351 (Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites)
- 78609 (Brain imaging, positron emission tomography (PET); perfusion evaluation)

Questions?

For additional questions, please contact Provider Services at **1-800-488-0134**, Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET).

OH-MED-P-3796197