



Utilization Review Matrix 2023 BlueChoice® HealthPlan

NIA has developed the following matrix in an effort to help its clients set up their claim processing systems. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services managed by NIA. The matrix below contains all those CPT-4 codes NIA manages on behalf of its clients. The codes listed are set up utilizing what would be seen on a professional HCFA 1500. The inclusion of a code(s) also doesn't imply that the service would be approved, only that if we received a request for that service, it would be managed by NIA.

The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any of the listed procedures codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, that appropriate rebundling rules are applied, that the claim includes an appropriate diagnosis code for the CPT code and that the service is performed within the date of service validity period.

Codes that are submitted by facilities using CMS Outpatient PPS logic (C codes) are also not incorporated into this table.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

Please note: Services rendered in an Emergency Room, Observation Room, surgery center or hospital inpatient setting are not managed by NIA.

| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|---------------------------------------|--|
| 70336 | MRI Temporomandibular Joint | 70336 |
| 70450 | CT Head/Brain | 70450, 70460, 70470, +0722T |
| 70480 | CT Orbit | 70480, 70481, 70482, +0722T |
| 70486 | CT Maxillofacial/Sinus | 70486, 70487, 70488, 76380, +0722T |
| 70490 | CT Soft Tissue Neck | 70490, 70491, 70492, +0722T |
| 70496 | CT Angiography, Head | 70496 |
| 70498 | CT Angiography, Neck | 70498 |
| 70540 | MRI Orbit, Face, and/or Neck | 70540, 70542, 70543, +0698T |
| 70551 | MRI Internal Auditory Canal | 70551, 70552, 70553, 70540, 70542, 70543, +0698T |
| 70544 | MRA Head | 70544, 70545, 70546 |
| 70547 | MRA Neck | 70547, 70548, 70549 |
| 70551 | MRI Brain | 70551, 70552, 70553, +0698T |
| 70554 | Functional MRI Brain | 70554, 70555 |
| 71250 ⁴ | CT Chest | 71250, 71260, 71270, 71275, 71271, +0722T |
| 71271 | Low Dose CT for Lung Cancer Screening | 71271 |
| 71275 | CT Angiography, Chest (non coronary) | 71275 |
| 71550 | MRI Chest | 71550, 71551, 71552, +0698T |
| 71555 | MRA Chest (excluding myocardium) | 71555 |
| 72125 | CT Cervical Spine | 72125, 72126, 72127, +0722T |

| | | |
|--------------------|--|--|
| 72128 | CT Thoracic Spine | 72128, 72129, 72130, +0722T |
| 72131 | CT Lumbar Spine | 72131, 72132, 72133, +0722T |
| 72141 | MRI Cervical Spine | 72141, 72142, 72156, +0698T |
| 72146 | MRI Thoracic Spine | 72146, 72147, 72157, +0698T |
| 72148 | MRI Lumbar Spine | 72148, 72149, 72158, +0698T |
| 72159 | MRA Spinal Canal | 72159 |
| 72191 | CT Angiography, Pelvis | 72191 |
| 72192 | CT Pelvis | 72192, 72193, 72194, +0722T |
| 72196 | MRI Pelvis | 72195, 72196, 72197, +0698T |
| 72198 | MRA Pelvis | 72198 |
| 73200 | CT Upper Extremity | 73200, 73201, 73202, +0722T |
| 73206 | CT Angiography, Upper Extremity | 73206 |
| 73220 | MRI Upper Extremity, other than Joint | 73218, 73219, 73220, +0698T |
| 73221 | MRI Upper Extremity Joint | 73221, 73222, 73223, +0698T |
| 73225 | MRA Upper Extremity | 73225 |
| 73700 | CT Lower Extremity | 73700, 73701, 73702, +0722T |
| 73706 | CT Angiography, Lower Extremity | 73706 |
| 73720 | MRI Lower Extremity | 73718, 73719, 73720, 73721, 73722, 73723, +0698T |
| 73721 | MRI Hip | 72195, 72196, 72197, 73721, 73722, 73723, +0698T |
| 73725 | MRA Lower Extremity | 73725 |
| 74150 | CT Abdomen | 74150, 74160, 74170, +0722T |
| 74174 ⁶ | CT Angiography, Abdomen and Pelvis | 74174, 74175, 72191 |
| 74175 | CT Angiography, Abdomen | 74175 |
| 74176 ⁶ | CT Abdomen and Pelvis Combination | 74176, 74177, 74178, 74150, 74160, 74170, 72192, 72193, 72194, +0722T |
| 74181 | MRI Abdomen | 74181, 74182, 74183, S8037, +0698T, +0724T |
| 74185 | MRA Abdomen | 74185 |
| 74261 | Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography) | 74261, 74262, +0722T |
| 74263 | Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography) | 74263, +0722T |
| 74712 | Fetal MRI | 74712, 74713 |
| 75557 ⁵ | MRI Heart | 75557, 75559, 75561, 75563, +75565, +0698T |
| 75572 | CT Heart | 75572, +0722T |
| 75573 | CT Heart congenital studies, non-coronary arteries | 75573, +0722T |
| 75574 | CTA coronary arteries (CCTA) | 75574 |
| 75635 | CT Angiography, Abdominal Arteries | 75635 |
| 76380 | Follow Up, Limited or Localized CT | 76380, 70486, 70487, 70488 |
| 76390 | MR Spectroscopy | 76390, +0698T |
| 77012 ³ | CT Guidance | 77011, 77012, 77013 |
| 77021 ³ | MRI Guidance for Needle Placement | 77021, 77022 |
| 77046 | MRI Breast | 77046, 77047, 77048, 77049, +0698T |
| 77084 | MRI Bone Marrow | 77084 |
| 78429 ⁵ | Heart PET Scan with CT for Attenuation | 78459, 78491, 78492, +78434, 78429, 78430, 78431, 78432, 78433 |
| 78451 | Myocardial Perfusion Imaging – Nuclear Cardiology Study | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, +0742T |

| | | |
|-----------------------------|--|---|
| 78459 ⁵ | Heart PET Scan | 78459, 78491, 78492, +78434 |
| 78472 ⁵ | MUGA Scan | 78472, 78473, 78494, +78496 |
| 78608 | PET Scan, Brain | 78608, 78609 |
| 78813 ^{1,2} | PET Scan | 78811, 78812, 78813, 78814, 78815, 78816 |
| 78816 ^{1,2} | PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization. | 78811, 78812, 78813, 78814, 78815, 78816 |
| G0219 | PET imaging whole body, melanoma for non-covered indications | G0219 |
| G0235 | PET imaging, any site, not otherwise specified | G0235 |
| G0252 | PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer | G0252 |
| S8037 | MR Cholangiopancreatography | S8037, 74181, 74182, 74183 |
| S8042 | MRI low field | S8042 |
| 0042T | Cerebral Perfusion Analysis CT | 0042T |

- 1 NIA will not be making a medical necessity determination as to which of these codes are appropriate. Instead, we will make a determination as to whether the PET scan itself is indicated and then expect the imaging facility to bill in a fashion that accurately describes what was performed.
- 2 The 78814 series describes a PET scan where CT technology is used to better “focus” the PET scanning. When an ordering physician requests a PET scan, they won’t know whether or not an older machine will be used without the CT component. NIA’s tumor imaging clinical guidelines does not make a distinction between which technique is used. If a PET scan is clinically indicated, use of either series of codes is acceptable. Accordingly, we are expanding the list of “Allowable Billable Groupings” to take this into account. These codes are NOT to be used for a study typically called PET Fusion. A PET fusion study is where a PET Scan and a diagnostic CT scan are performed on the same machine simultaneously. Under this situation one is instructed by CPT to bill using both the PET CPT code and the CT scan code describing the body region and procedure performed. The CT code should be appended with a modifier 59 to ensure proper payment. When receiving such requests, NIA will review the medical necessity for both the PET scan and the CT scan and issue UM determinations on both codes.
- 3 These codes describe the CT or MRI “guidance” component of a diagnostic procedure. Historically, NIA has determined that the use of such technology is not subject to abuse. NIA’s intent is to manage diagnostic and not therapeutic CT and MRI services. In order to avoid confusion in the provider community, NIA will approve such services if we receive a request. We suggest to our client partners, that these codes not be built into one’s claim system to require a prior authorization, that these codes not be listed under the NIA program and that providers be educated to such.
- 4 71275 was added for claims payment only.
- 5 Payment for add-on codes may depend upon the appropriateness of the application of such codes related to the approved primary code.
- 6 Single study codes are not included on the NIA authorization but the healthplan will pay a claim submitted for the single study where the combination study was approved by NIA.