



Utilization Review Matrix 2020 BlueChoice® HealthPlan of South Carolina (Exchange Members)

NIA has developed the following matrix in an effort to help its clients set up their claim processing systems. NIA is an independent company that provides utilization management services on behalf of BlueChoice®. 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 claim. 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
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, G0297
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133

Authorized CPT Code	Description	Allowable Billed Groupings
72141	MRI Cervical Spine	72141, 72142, 72156
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192	CT Pelvis	72192, 72193, 72194
72196	MRI Pelvis	72195, 72196, 72197
72198	MRA Pelvis	72198
73200	CT Upper Extremity	73200, 73201, 73202
73206	CT Angiography, Upper Extremity	73206
73220	MRI Upper Extremity, other than Joint	73218, 73219, 73220
73221	MRI Upper Extremity Joint	73221, 73222, 73223
73225	MRA Upper Extremity	73225
73700	CT Lower Extremity	73700, 73701, 73702
73706	CT Angiography, Lower Extremity	73706
73720	MRI Lower Extremity	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723
73725	MRA Lower Extremity	73725
74150	CT Abdomen	74150, 74160, 74170
74174 ⁴	CT Angiography, Abdomen and Pelvis	74174, 74175, 72191
74175	CT Angiography, Abdomen	74175
74176 ⁴	CT Abdomen and Pelvis Combination	74176, 74177, 74178, 74150, 74160, 74170, 72192, 72193, 72194
74181	MRI Abdomen	74181, 74182, 74183, S8037
74185	MRA Abdomen	74185
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74261, 74262
74263	Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74263
74712	Fetal MRI	74712, 74713
75557 ³	MRI Heart	75557, 75559, 75561, 75563, +75565
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092
75572	CT Heart	75572
75573	CT Heart congenital studies, non-coronary arteries	75573
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
77012 ⁵	CT Needle Guidance	77011, 77012, 77013
77021 ⁵	MRI Guidance for Needle Placement	77021, 77022
77046	MRI Breast	77046, 77047, 77048, 77049
77084	MRI Bone Marrow	77084
78451	Myocardial Perfusion Imaging – Nuclear Cardiology Study	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
78459	PET Scan, Heart	78459, 78491, 78492
78472 ³	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	78811, 78812, 78813, 78814, 78815,

Authorized CPT Code	Description	Allowable Billed Groupings
	attenuation correction and anatomic, localization.	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
G0297	Low Dose CT For Lung Cancer Screening	G0297
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 Payment for add-on codes may depend upon the appropriateness of the application of such codes related to the approved primary code.
- 4 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.
- 5 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.