

Utilization Review Matrix 2022 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
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, +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
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 72128, 72127, 72127, 72127, 72128, 72129, 72130 CT Lumbar Spine 72128, 72129, 72130 CT Lumbar Spine 72131, 72132, 72133 72141 MRI Cervical Spine 72141, 72142, 72156, 40698T 72146 MRI Thoracic Spine 72146, 72147, 72157, 40698T 72148 MRI Lumbar Spine 72148, 72149, 72158, 40698T 72148 MRI Lumbar Spine 72148, 72149, 72158, 40698T 72199 MRA Spinal Canal 72159 MRA Spinal Canal 72159 CT Pelvis 72191 CT Angiography, Pelvis 72191 CT Angiography, Pelvis 72191 CT Angiography, Pelvis 72191 CT Angiography, Pelvis 72198 MRA Pelvis 72198 MRA Pelvis 72198 MRA Pelvis 72198 T2198 CT Angiography, Upper Extremity 73200, 73201, 73202 T2300 CT Upper Extremity 73200 CT Upper Extremity 73200 CT Upper Extremity 73200 CT Upper Extremity 10int 73218, 73219, 73224, 40698T 73221 MRI Upper Extremity 10int 73218, 73219, 73224, 60698T 73222 MRA Upper Extremity 10int 73218, 73219, 73220, 40698T 73225 MRA Upper Extremity 73700, 73701, 73702 CT Lower Extremity 73700, 73701, 73702 CT Lower Extremity 73700 CT Lower Extremity 73700, 73701, 73702 MRI Lower Extremity 73706 CT Angiography, Lower Extremity 73706 MRI Lower Extremity 73723, 40698T 73120 MRI Hip 7323, 40698T 73125 MRA Lower Extremity 73725 MRA Lower Extremity 73725 CT Angiography, Abdomen 74150, 74160, 74174 CT Angiography, Abdomen 74150, 74160, 74174 CT Angiography, Abdomen 74150, 74160, 74174 CT Angiography, Abdomen 74185 MRA Abdomen 74186 MRI Barteries MRA Abdomen 74185 MRA Abdomen 74186 MRI Barteries MRA Abdomen 74185 MRA Abdomen 74187 MRI Guidance for Needle Placeme	72125	CT Comical Spino	72125, 72126, 72127
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	78451	Myocardial Perfusion Imaging – Nuclear	78451, 78452, 78453, 78454, 78466,
78459 ⁵ Heart PET Scan 78459, 78491, 78492, +78434			78468, 78469, 78481, 78483, 78499
	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	78811, 78812, 78813, 78814, 78815,
	attenuation correction and anatomic,	78816
	localization.	
G0219	PET imaging whole body, melanoma for non-	G0219
	covered indications	
G0235	PET imaging, any site, not otherwise specified	G0235
G0252	PET imaging, initial diagnosis of breast cancer	G0252
	and/or surgical planning for breast cancer	
S8037	MR Cholangiopancreatography	S8037, 74181, 74182, 74183
S8042	MRI low field	S8042
0042T	Cerebral Perfusion Analysis CT	0042T

- 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.
- 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.
- 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.
- 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.