



Claim Resolution Matrix 2010 – BlueCross BlueShield of South Carolina

National Imaging Associates (NIA) has developed the following matrix in an effort to help its clients set up their claim processing systems. On behalf of BlueCross BlueShield of South Carolina, NIA pre-authorizes radiology benefits. 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 and not UB-92 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.

Each procedure is tracked and managed by NIA using the "CPT/HCPCS Code 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, of course that appropriate rebundling rules are applied and that the service is performed within the date of service validity period. Codes representing contrast agents, radiopharmaceuticals and supplies are not listed on this matrix.

Codes that are submitted by facilities using CMS Outpatient PPS logic (C codes) and utilizing UB 92 claim logic 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

Authorized CPT Code	Description	Allowable Billed Groupings
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270
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
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, other than Joint	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI Lower Extremity Joint	73721, 73722, 73723, 73718, 73719, 73720
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723
73725	MRA Lower Extremity	73725
74150	CT Abdomen	74150, 74160, 74170
74175	CT Angiography, Abdomen	74175
74181	MRI Abdomen	74181, 74182, 74183, S8037
74185	MRA Abdomen	74185
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74261, 74262
75557	MRI Heart	75557, 75559, 75561, 75563, +75565
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
77058	MRI Breast	77058, 77059
77084	MRI Bone Marrow	77084
78459	PET Scan, Heart	78459, 78491, 78492 Also allow billing for the corresponding Cardiovascular Stress Test 9-range (93015 –

Authorized CPT Code	Description	Allowable Billed Groupings
		93018)
78608	PET Scan, Brain	78608, 78609
78813	PET Scan	78811, 78812, 78813, 78814, 78815, 78816
78816	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
S8037	MR Cholangiopancreatography	S8037, 74181, 74182, 74183
0042T	Cerebral Perfusion Analysis CT	0042T