

## Utilization Review Matrix 2016 Blue Cross Blue Shield of South Carolina (Exchange Members)

National Imaging Associates (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 BlueCross. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services managed by NIA. The matrix contains all those CPT-4 codes NIA manages on behalf of its clients. The codes listed are set up using what would be seen on a professional HCFA 1500 claim. The inclusion of a code 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 indicates that if a given procedure is authorized, then any of the listed procedures codes could be submitted on a claim representing that service. This assumes 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 not included in 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.

The contents of this document are subject to change and are not a guarantee of payment.

| 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 <sup>10</sup> | CT Chest                             | 71250, 71260, 71270, S8032, G0297        |
| 71275 <sup>9</sup>  | 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                      |

| Authorized CPT Code | Description  | Allowable Billed Groupings                                    |
|---------------------|--|---|
| 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  | 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 <sup>7</sup>  | CT Angiography, Abdomen and Pelvis   | 74174, 74175, 72191   |
| 74175               | CT Angiography, Abdomen  | 74175   |
| 74176 <sup>7</sup>  | 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 <sup>3</sup>  | Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)           | 74261, 74262  |
| 74263 <sup>3</sup>  | Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)            | 74263   |
| 74712               | Fetal MRI  | 74712, 74713  |
| 75557 <sup>6</sup>  | MRI Heart  | 75557, 75559, 75561, 75563, +75565                            |
| 75571 <sup>4</sup>  | 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 <sup>8</sup>  | CT Needle Guidance   | 77011, 77012, 77013   |
| 77021 <sup>8</sup>  | MR Guidance for Needle Placement   | 77021, 77022  |
| 77058               | MRI Breast   | 77058, 77059  |
| 77084               | MRI Bone Marrow  | 77084   |

| Authorized CPT Code   | Description  | Allowable Billed Groupings   |
|-----------------------|--|--|
| 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 <sup>6</sup>    | MUGA Scan  | 78472, 78473, 78494, +78496  |
| 78608                 | PET Scan, Brain  | 78608, 78609   |
| 78813 <sup>1,2</sup>  | PET Scan   | 78811, 78812, 78813, 78814, 78815, 78816                             |
| 78816 <sup>1,2</sup>  | 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 <sup>5</sup>    | PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer   | G0252  |
| S8032 <sup>9,10</sup> | Low Dose CT For Lung Cancer Screening  | S8032, 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 simultaneously on the same machine. 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 CT Colonography also known as Virtual Colonoscopy — NIA's guidelines currently cover diagnostic CT Colonography (74261 and 74262) under predefined situations. We currently find the screening CT Colonography (74263) as not being medically necessary. Unless we have been notified differently by you, we will apply our guidelines.
- 4 This code describes coronary artery calcium score, also known as Heartscan, Ultrafast CT of the heart or EBCT of the heart. NIA will follow its default logic of not covering these unless a local plan's specific guidelines or local plan policy provides some type of coverage. The previous S code descriptor could possibly be submitted by billing entities. Accordingly, NIA has left the S code descriptor in the Allowable Billed Groupings.
- 5 G0252 is a code that describes a tumor imaging PET for breast cancer under a specific indication. This is considered a non-covered indication.
- 6 Payment for add-on codes may depend upon the appropriateness of the application of such codes related to the approved primary code.

- 7 Single study codes are not included on the NIA authorization, but the health plan will pay a claim submitted for the single study where the combination study was approved by NIA.
- 8 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. To avoid confusion in the provider community, NIA will approve such services if we receive a request. We suggest that our client partners, not build these codes into their claim system to require a prior authorization, that these codes not be listed under the NIA program, and that providers be educated accordingly.
- 9 S8032 added 1/1/15 as new code for low dose screening for Lung CA.
- 10 Medicare created HCPCS code G0297 for 2016, which is payable as part of the allowed billable grouping if the corresponding CPT code is authorized. Payment is limited to Medicare, but the code is included in our documentation for all.