



**CareSource
Exchange, OH MAGI and OH ABD (adults) Medicaid and Medicare
Utilization Review Matrix 2020**

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare¹ manages on behalf of CareSource. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Magellan Healthcare. The “Allowable Billed Groupings” is meant to outline that if a given procedure is authorized, that any one of the listed procedure 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 validity period.

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 Magellan Healthcare.**

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
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
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
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

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

Authorized CPT Code	Description	Allowable Billed Groupings
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	CT Angiography, Abdomen and Pelvis	74174
74175	CT Angiography, Abdomen	74175
74176	CT Abdomen and Pelvis Combination	74176, 74177, 74178
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	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
76497	Unlisted Computed Tomography Procedure	76497
76498	Unlisted Magnetic Resonance Procedure	76498
77046	MRI Breast	77046, 77047, 77048, 77049
77078	CT Bone Density Studies	77078
77084	MRI Bone Marrow	77084
78429**	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
78459	Heart PET Scan	78459, 78491, 78492, +78434
78472	MUGA Scan	78472, 78473, 78494, +78496
78608	PET Scan, Brain	78608, 78609
78813	PET Scan	78811, 78812, 78813, 78814, 78815, 78816

Authorized CPT Code	Description	Allowable Billed Groupings
78816	PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.	78811, 78812, 78813, 78814, 78815, 78816
93307 ¹	Transthoracic Echocardiography (TTE)	93303, 93304, 93306, 93307, 93308, +93320, +93321, +93325, +93356
93312 ¹	Transesophageal Echocardiography (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, +93320, +93321, +93325
93350	Stress Echocardiography	93350, 93351, +93320, +93321, +93325, +93352, +93356
0042T	Cerebral Perfusion Analysis CT	0042T
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

Payment for + codes (add on codes) may depend upon the appropriateness of the application of such codes related to the approved primary code.

** Effective 2.1.2020

¹ Per the CPT® Reference Guide for Cardiovascular Coding, authored by the AMA and the American College of Cardiology, 93303 and 93304 should not be used when complex congenital heart disease is suspected but not found on echocardiographic evaluation or for simple congenital anomalies.