

Highmark Blue Shield of Northeastern New York¹ NYS PEF Group Only Utilization Review Matrix 2021

The matrix below contains all of the CPT 4 codes for which Magellan Healthcare² manages on behalf of Highmark Blue Shield of Northeastern New York. 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
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71550	MRI Chest	71550, 71551, 71552
72141	MRI Cervical Spine	72141, 72142, 72156
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72196	MRI Pelvis	72195, 72196, 72197
73220	MRI Upper Extremity, other than Joint	73218, 73219, 73220
73221	MRI Upper Extremity Joint	73221, 73222, 73223
73720	MRI Lower Extremity	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723
74181	MRI Abdomen	74181, 74182, 74183, S8037
74712	Fetal MRI	74712, 74713

75557	MRI Heart	75557, 75559, 75561, 75563, +75565
76390	MR Spectroscopy	76390
76498	Unlisted Magnetic Resonance Procedure	76498
77046	MRI Breast	77046, 77047, 77048, 77049
77084	MRI Bone Marrow	77084
S8037	MR Cholangiopancreatography	S8037, 74181, 74182, 74183

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

¹ Highmark Blue Shield of Northeastern New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. The Blue Shield® and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Magellan Healthcare is a separate company

² National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc.

