AmeriHealth Caritas Florida

evolent

AmeriHealth Caritas Florida
Utilization Review Matrix 2024

The matrix below contains the CPT 4 codes for which National Imaging Associates, Inc. (NIA)* manages on behalf of AmeriHealth Caritas Florida. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA. 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 NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450 [6]	CT Head/Brain	70450, 70460, 70470, +0722T
70480 [6]	CT Orbit	70480, 70481, 70482, +0722T
70486 [6]	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380, +0722T
70490 [6]	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540 [6]	MRI Orbit, Face, Neck and/or Internal Auditory Canal	70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551 [6]	MRI Brain (with or without Internal Auditory Canal views)	70551, 70552, 70553, +0698T
71250 [6]	CT Chest	71250, 71260, 71270, 71271, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271
71275	CT Angiography, Chest (non coronary)	71275
71550 [6]	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555
72125 [6]	CT Cervical Spine	72125, 72126, 72127, +0722T
72128 [6]	CT Thoracic Spine	72128, 72129, 72130, +0722T
72131 [6]	CT Lumbar Spine	72131, 72132, 72133, +0722T
72141 [6]	MRI Cervical Spine	72141, 72142, 72156, +0698T
72146 [6]	MRI Thoracic Spine	72146, 72147, 72157, +0698T

**Effective 1/20/2023, National Imaging Associates, Inc. is now a subsidiary of Evolent Health. Evolent Health and its affiliates and subsidiaries collectively referred to as "Evolent."*

Authorized CPT Code	Description	Allowable Billed Groupings
72148 [6]	MRI Lumbar Spine	72148, 72149, 72158, +0698T
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192 [6]	CT Pelvis	72192, 72193, 72194, +0722T
72196 [6]	MRI Pelvis	72195, 72196, 72197, +0698T
72198	MRA Pelvis	72198
73200 [6]	CT Upper Extremity	73200, 73201, 73202, +0722T
73206	CT Angiography, Upper Extremity	73206
73220 [6]	MRI Upper Extremity, other than Joint	73218, 73219, 73220, +0698T
73221 [6]	MRI Upper Extremity Joint	73221, 73222, 73223, +0698T
73225	MRA Upper Extremity	73225
73700 [6]	CT Lower Extremity	73700, 73701, 73702, +0722T
73706	CT Angiography, Lower Extremity	73706
73720 [6]	MRI Lower Extremity	73718, 73719, 73720, 73721, 73722, 73723, +0698T
73721 [6]	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723, +0698T
73725	MRA Lower Extremity	73725
74150 [6]	CT Abdomen	74150, 74160, 74170, +0722T
74174	CT Angiography, Abdomen and Pelvis	74174
74175	CT Angiography, Abdomen	74175
74176 [6]	CT Abdomen and Pelvis Combination	74176, 74177, 74178, +0722T
74181 [6]	MRI Abdomen	74181, 74182, 74183, S8037 +0698T, +0724T
74185	MRA Abdomen	74185
75557 [3, 6]	MRI Heart	75557, 75559, 75561, 75563, +75565, +0698T
75571 [6, 7]	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092, +0722T
75572 [6]	CT Heart	75572, +0722T
75573 [6]	CT Heart congenital studies, non-coronary arteries	75573, +0722T
75574	CTA coronary arteries (CCTA)	75574
75635	CT Angiography, Abdominal Aorta with Lower Extremity Runoff	75635
76380	Follow Up, Limited or Localized CT	76380, 70486, 70487, 70488
76390 [6]	MR Spectroscopy	76390, +0698T
76497 [6]	Unlisted Computed Tomography Procedure	76497, +0722T
76498 [6]	Unlisted Magnetic Resonance Procedure	76498, +0698T
77046 [6]	MRI Breast	77046, 77047, 77048, 77049, +0698T
77078	CT Bone Density Study	77078

Authorized CPT Code	Description	Allowable Billed Groupings
77084	**MRI Bone Marrow**	**77084**
78429 [5]	**Heart PET Scan with CT for Attenuation**	**78459, 78491, 78492, +78434, 78429, 78430, 78431, 78432, 78433**
78451 [4]	**Myocardial Perfusion Imaging – Nuclear Cardiology Study**	**78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, +0742T**
78459 [5]	**Heart PET Scan**	**78459, 78491, 78492, +78434**
78472	**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 attenuation correction and anatomic, localization.**	**78811, 78812, 78813, 78814, 78815, 78816**

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 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.

3 75559, 75563 and +75565 are not covered.

4 78499 is not covered.

5 +78434 is not covered.

6 +0698T, +0722T & +0724T – Billed for encounter purposes only, not a reimbursable code.

7 S8092 is not covered.

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