

AmeriHealth Caritas Next - Florida Utilization Review Matrix 2024

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

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

| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|---|--|
| 72148 | MRI Lumbar Spine | 72148, 72149, 72158, +0698T |
| 72159 | MRA Spinal Canal | 72159 |
| 72191 | CT Angiography, Pelvis | 72191 |
| 72192 | CT Pelvis | 72192, 72193, 72194, +0722T |
| 72196 | MRI Pelvis | 72195, 72196, 72197, +0698T |
| 72198 | MRA Pelvis | 72198 |
| 73200 | CT Upper Extremity | 73200, 73201, 73202, +0722T |
| 73206 | CT Angiography, Upper Extremity | 73206 |
| 73220 | MRI Upper Extremity, other than Joint | 73218, 73219, 73220, +0698T |
| 73221 | MRI Upper Extremity Joint | 73221, 73222, 73223, +0698T |
| 73225 | MRA Upper Extremity | 73225 |
| 73700 | CT Lower Extremity | 73700, 73701, 73702, +0722T |
| 73706 | CT Angiography, Lower Extremity | 73706 |
| 73720 | MRI Lower Extremity | 73718, 73719, 73720, 73721, 73722, 73723, +0698T |
| 73721 | MRI Hip | 72195, 72196, 72197, 73721, 73722, 73723, +0698T |
| 73725 | MRA Lower Extremity | 73725 |
| 74150 | CT Abdomen | 74150, 74160, 74170, +0722T |
| 74174 | CT Angiography, Abdomen and Pelvis | 74174 |
| 74175 | CT Angiography, Abdomen | 74175 |
| 74176 | CT Abdomen and Pelvis Combination | 74176, 74177, 74178, +0722T |
| 74181 ³ | MRI Abdomen | 74181, 74182, 74183, S8037, +0698T, +0724T |
| 74185 | MRA Abdomen | 74185 |
| 75557 ⁴ | MRI Heart | 75557, 75559, 75561, 75563, +75565, +0698T |
| 75572 | CT Heart | 75572, +0722T |
| 75573 | 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 |
| 76497 | Unlisted Computed Tomography Procedure | 76497, +0722T |
| 77046 | MRI Breast | 77046, 77047, 77048, 77049, +0698T |
| 77078 | CT Bone Density Study | 77078 |
| 77084 | MRI Bone Marrow | 77084 |
| 78451 ⁵ | Myocardial Perfusion Imaging – Nuclear Cardiology Study | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, +0742T |
| 78459 ⁶ | Heart PET Scan | 78459, 78491, 78492, +78434 |
| 78472 | MUGA Scan | 78472, 78473, 78494, +78496 |

| Authorized CPT Code | Description | Allowable Billed Groupings |
|----------------------|---|--|
| 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 Evolent 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. Evolent’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, Evolent will review the medical necessity for both the PET scan and the CT scan and issue UM determinations on both codes.
- 3 S8037 is not covered.
- 4 75559, 75563 and +75565 are not covered.
- 5 78499 is not covered.
- 6 +78434 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.

