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QualChoice Health Insurance Utilization Review Matrix 2025 Dillard’s Inc. Members

The matrix below contains the CPT-4 codes for which Evolent (formerly National Imaging Associates, Inc.) authorizes on behalf of QualChoice Health Insurance. 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 re-bundling 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, Surgery Center or Hospital Inpatient setting are not managed by Evolent.**

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| **Authorized CPT Code** | **Description** | **Allowable Billed Groupings** |
| **70336** | **MRI Temporomandibular Joint** | **70336** |
| **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** |
| **70554** | **Functional MRI Brain** | **70554, 70555** |
| **71550** | **MRI Chest** | **71550, 71551, 71552, +0698T** |
| **71555** | **MRA Chest (excluding myocardium)** | **71555** |
| **72141** | **MRI Cervical Spine** | **72141, 72142, 72156, +0698T** |
| **72146** | **MRI Thoracic Spine** | **72146, 72147, 72157, +0698T** |
| **72148** | **MRI Lumbar Spine** | **72148, 72149, 72158, +0698T** |
| **72159** | **MRA Spinal Canal** | **72159** |
| **72196** | **MRI Pelvis** | **72195, 72196, 72197, +0698T** |
| **72198** | **MRA Pelvis** | **72198** |
| **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** |

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| --- | --- | --- |
| **Authorized CPT Code** | **Description** | **Allowable Billed Groupings** |
| **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** |
| **74181** | **MRI Abdomen** | **74181, 74182, 74183, S8037,**  **+0698T, +0724T** |
| **74185** | **MRA Abdomen** | **74185** |
| **75557** | **MRI Heart** | **75557, 75559, 75561, 75563,**  **+75565,+0698T** |
| **76390** | **MR Spectroscopy** | **76390, +0698T** |
| **76498** | **Unlisted Magnetic Resonance Procedure** | **76498, +0698T** |
| **77046** | **MRI Breast** | **77046, 77047, 77048, 77049,**  **+0698T** |
| **77084** | **MRI Bone Marrow** | **77084** |
| **78429** | **Heart PET Scan with CT for Attenuation** | **78459, 78491, 78492, +78434,**  **78429, 78430, 78431, 78432, 78433** |
| **78459** | **Heart PET Scan** | **78459, 78491, 78492, +78434** |
| **78608** | **PET Scan, Brain** | **78608, 78609** |
| **78813** | **PET Scan** | **78811, 78812, 78813, 78814,**  **78815,**  **78816** |
| **78816** | **PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.** | **78811, 78812, 78813, 78814,**  **78815,**  **78816** |
| **S8037** | **MR Cholangiopancreatography** | **S8037, 74181, 74182, 74183** |
| **S8042** | **MRI low field** | **S8042** |

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