



Utilization Review Matrix 2025 Blue Shield CA

The matrix below contains the CPT-4 codes for which Evolent (formerly National Imaging Associates, Inc.) manages on behalf of Blue Shield of California. 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.

| Authorized CPT Code | Description | Allowable Billed Groupings |
|---------------------|---|------------------------------------|
| 70336 | MRI Temporomandibular Joint | 70336 |
| 70450 | CT Head/Brain | 70450, 70460, 70470, +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 |
| 70554 | Functional MRI Brain | 70554, 70555 |
| 71250 | CT Chest | 71250, 71260, 71270, 71271, +0722T |
| 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 |

| Authorized CPT Code | Description | Allowable Billed Groupings |
|-----------------------|---|--|
| 72146 | MRI Thoracic Spine | 72146, 72147, 72157, +0698T |
| 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 |
| 73206 | CT Angiography, Upper Extremity | 73206 |
| 73221 | MRI Upper Extremity Joint | 73221, 73222, 73223, +0698T |
| 73225 | MRA Upper Extremity | 73225 |
| 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 | MRI Abdomen | 74181, 74182, 74183, S8037, +0698T, +0724T |
| 74185 | MRA Abdomen | 74185 |
| 74261 | Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography) | 74261, 74262, +0722T |
| 74263 | Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography) | 74263, +0722T |
| 75571 | Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT | 75571, S8092, +0722T |
| 75574 | CTA coronary arteries (CCTA) | 75574 |
| 75635 | CT Angiography, Abdominal Aorta with Lower Extremity Runoff | 75635 |
| 76390 | MR Spectroscopy | 76390, +0698T |
| 76498 | Unlisted Magnetic Resonance Procedure | 76498, +0698T |
| 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, +0742T |
| 78459 | Heart PET Scan | 78459, 78491, 78492, +78434 |
| 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 |
| G0235 | PET imaging, any site, not otherwise specified | G0235 |
| G0252 ³ | PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer | G0252 |
| S8037 | MR Cholangiopancreatography | S8037, 74181, 74182, 74183 |
| 0042T | Cerebral Perfusion Analysis CT | 0042T |

- 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 G0252 is a code that describes a tumor imaging PET for breast cancer under a specific indication. This is considered a non-covered indication.