



Utilization Review Matrix 2026
Qualchoice
Dillard's Inc. Members

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
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 (with or without MRCP)	74181, 74182, 74183, S8037, +0698T, +0724T
74185	MRA Abdomen	74185
74712	Fetal MRI	74712, 74713
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 ^{1, 2}	PET Scan	78811, 78812, 78813, 78814, 78815, 78816
78816 ^{1, 2}	PET Scan with CT for Attenuation	78811, 78812, 78813, 78814, 78815, 78816

Authorized CPT Code	Description	Allowable Billed Groupings
S8042	MRI low field	S8042

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.