



**Utilization Review Matrix 2026  
Centene AL - Ambetter of Alabama**

Evolut has developed the following matrix in an effort to help its clients set up their claim processing systems. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services managed by Evolut. The matrix below contains all those CPT-4 codes Evolut manages on behalf of its clients. The codes listed are set up utilizing what would be seen on a professional HCFA 1500 claim. The inclusion of a code(s) also doesn't imply that the service would be approved, only that if we received a request for that service, it would be managed by Evolut.

The "Allowable Billed Groupings" is meant to outline that if a given procedure is authorized, that any of the listed procedures 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 date of service validity period.

Codes that are submitted by facilities using CMS Outpatient PPS logic (C codes) are also not incorporated into this table.

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 Evolut.

| Authorized CPT Code | Description  | Allowable Billed Groupings          |
|---------------------|--|-------------------------------------|
| 70336               | MRI Temporomandibular Joint                          | 70336                               |
| 70450               | CT Head/Brain  | 70450, 70460, 70470, +0722T, +70472 |
| 70471               | CT Angiography, Head and Neck                        | 70471, +70472                       |
| 70496               | CT Angiography, Head                                 | 70496, +70472                       |
| 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                 |
| 70554               | Functional MRI Brain                                 | 70554, 70555                        |
| 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         |
| 72159               | MRA Spinal Canal                                     | 72159                               |
| 72191               | CT Angiography, Pelvis                               | 72191                               |
| 72192               | CT Pelvis  | 72192, 72193, 72194, +0722T         |
| 72198               | MRA Pelvis   | 72198                               |
| 73206               | CT Angiography, Upper Extremity                      | 73206                               |
| 73225               | MRA Upper Extremity                                  | 73225                               |

| Authorized CPT Code  | Description  | Allowable Billed Groupings   |
|----------------------|--|--|
| 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  |
| 74174                | CT Angiography, Abdomen and Pelvis   | 74174  |
| 74175                | CT Angiography, Abdomen  | 74175  |
| 74176                | CT Abdomen and Pelvis Combination  | 74176, 74177, 74178, +0722T  |
| 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   |
| 75635                | CT Angiography, Abdominal Aorta with Lower Extremity Runoff                                | 75635  |
| 76390                | MR Spectroscopy  | 76390, +0698T  |
| 76497                | Unlisted Computed Tomography Procedure   | 76497, +0722T  |
| 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   | 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, +0742T   |
| 78459                | Heart PET Scan   | 78459, 78491, 78492, +78434  |
| 78608                | Brain PET Scan   | 78608, 78609   |
| 78813 <sup>1,2</sup> | PET Scan   | 78811, 78812, 78813, 78814, 78815, 78816   |
| 78816 <sup>1,2</sup> | PET Scan with CT for Attenuation   | 78811, 78812, 78813, 78814, 78815, 78816   |
| 93307                | Transthoracic Echocardiography (TTE)   | 93303, 93304, 93306, 93307, 93308, +93320, +93321, +93325, +93356  |
| 93350                | Stress Echocardiography  | 93350, 93351, +93320, +93321, +93325, +93352, +93356   |
| 93452                | Heart Catheterization  | 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, +93462, +93463, +93464, +93565, +93566, +93567, +93568 |
| G0219                | PET imaging whole body, melanoma for non-covered indications                               | G0219  |
| G0235                | PET imaging, any site, not otherwise specified   | G0235  |
| G0252 <sup>3</sup>   | PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer | G0252  |

- 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.