



**Utilization Review Matrix 2026
CareSource
IN Medicaid**

Evolent 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 Evolent. The matrix below contains all those CPT-4 codes Evolent 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 Evolent.

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 Evolent.

Authorized CPT Code	Description	Allowable Billed Groupings
70471	CT Angiography, Head and Neck	70471, +70472
70473	Cerebral Perfusion Analysis CT	70473
74181	MRI Abdomen (with or without MRCP)	74181, 74182, 74183, S8037, +0698T, +0724T
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74261, 74262, +0722T
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092, +0722T
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	Brain PET Scan	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

Authorized CPT Code	Description	Allowable Billed Groupings
G0219	PET imaging whole body, melanoma for non-covered indications	G0219
G0235	PET imaging, any site, not otherwise specified	G0235
G0252³	PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer	G0252
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.
- 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.