Utilization Review Matrix 2026
Blue Shield CA

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
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470, +0722T, +70472
70471	CT Angiography, Head and Neck	70471, +70472
70480	CT Orbit	70480, 70481, 70482, +0722T
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, +0722T
70490	CT Soft Tissue Neck	70490, 70491, 70492, +0722T
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
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, +0722T
71271	Low Dose CT for Lung Cancer Screening	71271, +0722T
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	MRA Chest (excluding myocardium)	71555

Authorized CPT Code	Description	Allowable Billed Groupings
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
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
73200	CT Upper Extremity	73200, 73201, 73202, +0722T
73206	CT Angiography, Upper Extremity	73206
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
73700	CT Lower Extremity	73700, 73701, 73702, +0722T
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 (with or without MRCP)	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
75557	MRI Heart	75557, 75559, 75561, 75563, +75565, +0698T
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092, +0722T
75572	CT Heart	75572, +0722T
75574	CTA coronary arteries (CCTA)	75574
75635	CT Angiography, Abdominal Aorta with Lower Extremity Runoff	75635
76390	MR Spectroscopy	76390, +0698T
76391	Magnetic Resonance Elastography (MRE)	76391
76498	Unlisted Magnetic Resonance Procedure	76498, +0698T
77046 [4]	MRI Breast	77046, 77047, 77048, 77049, +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

Authorized CPT Code	Description	Allowable Billed Groupings
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**

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.

4 HCPCS codes C8903, C8905, C8906, C8908 and C8937 are associated with Breast MRI and do not require a separate authorization.