



Presbyterian 2022 Utilization Review Matrix

The 2022 Utilization Review Matrix contains all of the Current Procedural Terminology-4 (CPT-4) codes for which NIA Magellan (Magellan) manages on behalf of Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian). This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by Magellan. The codes listed are set up utilizing what would be seen on a professional Health Care Finance Administration (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 Magellan.

The "Allowable Billed Groupings" column indicates that if a given procedure is authorized, then any of the listed procedure codes may be submitted on a claim representing that service. This assumes that the following criteria are met:

- The member is eligible at the time of the service.
- The appropriate re-bundling rules are applied.
- The claim includes an appropriate diagnosis code for the CPT-4 code.
- The service is performed within the validity period.

If a family of CPT-4 codes is not listed in this matrix, then an exact match is required between the authorized CPT-4 code and the billed CPT-4 code. If the exact match does not occur, then the charge should be adjudicated accordingly.

Please note that services rendered in an emergency room, observation room and surgery center or hospital inpatient setting are not managed by Magellan.

Should providers have any questions regarding the 2022 Utilization Review Matrix on the following page, they are encouraged to contact their provider relations liaison. Their contact information may be found in the Presbyterian Provider Network Operations Contact Guide that is available at www.phs.org/ContactGuide.

¹National Imaging Associates, Inc. is a subsidiary of Magellan Healthcare, Inc

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Authorized CPT-4	Description	Allowable Billed Groupings
70336	Magnetic Resonance Imaging (MRI) Temporomandibular Joint	70336
70450	Computed Tomography (CT) Head/Brain	70450, 70460, 70470, +0698T, +0722T
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
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543, +0698T
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543, +0698T
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	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
71275	CT Angiography, Chest (non-coronary)	71275
71550	MRI Chest	71550, 71551, 71552, +0698T
71555	Magnetic Resonance Angiography (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
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

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Authorized CPT-4	Description	Allowable Billed Groupings
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, +0698T
73721	MRI Hip	72195, 72196, 72197, +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, +0698T, +0724T
74185	MRA Abdomen	74185
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT)	74261, 74262, +0722T
74712	Fetal MRI	74712, 74713
75557	MRI Heart	75557, 75559, 75561, +0698T
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast	75571, S8092, +0722T
75572	CT Heart	75572, +0722T
75573	CT Heart congenital studies, non-coronary arteries	75573, +0722T
75574	Computed Tomography Angiography (CTA) coronary arteries	75574
75635	CTA, Abdominal Arteries	75635
76380	Follow Up, Limited or Localized CT	76380, 70486, 70487
76390	Magnetic Resonance Spectroscopy	76390, +0698T
76497	Unlisted CT Procedure	76497, +0722T
76498	Unlisted Magnetic Resonance Procedure	76498, +0698T
77046	MRI Breast	77046, 77047, 77048, +0698T
77078	CT Bone Density Study	77078
77084	MRI Bone Marrow	77084
78429 *3	Heart Positron Emission Tomography (PET) Scan with CT for Attenuation	78459, 78491, 78492
78451	Myocardial Perfusion Imaging – Nuclear	78451, 78452, 78453

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Authorized CPT-4	Description	Allowable Billed Groupings
78459 *3	Heart PET Scan	78459, 78491, 78492
78472 *3	Multigated Acquisition (MUGA) Scan	78472, 78473, 78494
78608	PET Scan, Brain	78608, 78609
78813 *1,2	PET Scan	78811, 78812, 78813
78816 *1,2	PET Scan with concurrently acquired CT for attenuation correction	78811, 78812, 78813
93307	Transthoracic Echocardiography (TTE)	93303, 93304, 93306
93312 *3	Transesophageal Echocardiography (TEE)	93312, 93313, 93314
93350 *3	Stress Echocardiography	93350, 93351
G0235	PET imaging, any site, not otherwise specified	G0235
S8037	MR Cholangiopancreatography	S8037, 74181, 74182
S8042	MRI low field	S8042

- 1 NIA 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 an older machine will be used without the CT component. NIA’s tumor imaging clinical guidelines do not make a distinction between which technique is used. If a PET scan is clinically indicated, then the 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. In 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, NIA will review the medical necessity for both the PET scan and the CT scan and issue Utilization Management determinations on both codes.
- 3 Payment for add-on codes may depend upon the appropriateness of the application of such codes related to the approved primary code.