

# 2021 Utilization Review Matrix

NIA 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 for services managed by NIA. The matrix below contains all CPT-4 codes managed by NIA 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) doesn't imply the service would be approved, only that it would be managed by NIA.

The "allowable billed groupings" is meant to outline that any of the listed procedure codes could be submitted on a claim representing that service. This assumes that the member is eligible at the time of the service, the service has been approved, appropriate re-bundling rules are applied, the claim includes an appropriate diagnosis code for the CPT code, and 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 isn't listed in this matrix, an exact match between the authorized CPT code and the billed CPT code is required. If the exact match doesn't 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 NIA.

Authorized CPT Code	Description	Allowable Billed Groupings
33225	Cardiac Resynchronization Therapy (CRT)	33221, 33224, 33225, 33231
33249	Implantable Cardioverter Defibrillator (ICD)	33230, 33240, 33249
33208	Pacemaker insertion	33206, 33207, 33208, 33212, 33213
70336	MRI temporomandibular joint	70336
70450	CT head/brain	70450, 70460, 70470

70480	CT orbit	70480, 70481, 70482
70486	CT maxillofacial/sinus	70486, 70487, 70488, 76380
70490	CT soft tissue neck	70490, 70491, 70492
70496	CT angiography, head	70496
70498	CT angiography, neck	70498
70540	MRI orbit, face, and/or neck	70540, 70542, 70543
70551	MRI internal auditory canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA head	70544, 70545, 70546
70547	MRA neck	70547, 70548, 70549
70551	MRI brain	70551, 70552, 70553
70554	Functional MRI brain	70554, 70555
71250	CT chest	71250, 71260, 71270, 71271
71271	Low-dose CT for lung cancer screening	71271
71275	CT angiography, chest (non-coronary)	71275
71550	MRI chest	71550, 71551, 71552
71555	MRA chest (excluding myocardium)	71555
72125	CT cervical spine	72125, 72126, 72127
72128	CT thoracic spine	72128, 72129, 72130
72131	CT lumbar spine	72131, 72132, 72133
72141	MRI cervical spine	72141, 72142, 72156
72146	MRI thoracic spine	72146, 72147, 72157
72148	MRI lumbar spine	72148, 72149, 72158
72159	MRA spinal canal	72159
72191	CT angiography, pelvis	72191
72192	CT pelvis	72192, 72193, 72194
72196	MRI pelvis	72195, 72196, 72197
72198	MRA pelvis	72198
73200	CT upper extremity	73200, 73201, 73202
73206	CT angiography, upper extremity	73206
73220	MRI upper extremity, other than joint	73218, 73219, 73220
73221	MRI upper extremity joint	73221, 73222, 73223
73225	MRA upper extremity	73225
73700	CT lower extremity	73700, 73701, 73702
73706	CT angiography, lower extremity	73706
73720	MRI lower extremity	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI hip	72195, 72196, 72197, 73721, 73722, 73723

73725	MRA lower extremity	73725
74150	CT abdomen	74150, 74160, 74170
74174	CT angiography, abdomen and pelvis	74174
74175	CT angiography, abdomen	74175
74176	CT abdomen and pelvis combination	74176, 74177, 74178
74181	MRI abdomen	74181, 74182, 74183, S8037
74185	MRA abdomen	74185
75557 <sup>3</sup>	MRI heart	75557, 75559, 75561, 75563, +75565
75571	Coronary artery Ca score, heart scan, ultrafast CT heart, electron beam CT	75571, S8092
75572	CT heart	75572
75573	CT heart congenital studies, non-coronary arteries	75573
75574	CTA coronary arteries (CCTA)	75574
75635	CT angiography, abdominal arteries	75635
76380	Follow-up, limited or localized CT	76380, 70486, 70487, 70488
76390	MR spectroscopy	76390
76497	Unlisted computed tomography procedure	76497
76498	Unlisted magnetic resonance procedure	76498
77046	MRI breast	77046, 77047, 77048, 77049
77078	CT bone density study	77078
78429 <sup>3</sup>	Heart PET scan with CT for attenuation	78459, 78491, 78492, +78434, 78429, 78430, 78431, 78432, 78433
77084	MRI bone marrow	77084
78451	Myocardial perfusion imaging – nuclear cardiology study	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
78459 <sup>3</sup>	Heart PET scan	78459, 78491, 78492, +78434
78472 <sup>3</sup>	MUGA scan	78472, 78473, 78494, +78496
78608	PET scan, brain	78608, 78609
78813 <sup>1, 2</sup>	PET scan	78811, 78812, 78813, 78814, 78815, 78816
78816 <sup>1, 2</sup>	PET scan with concurrently acquired CT for attenuation correction and anatomic, localization	78811, 78812, 78813, 78814, 78815, 78816

93350 <sup>3</sup>	Stress echocardiography	93350, 93351, +93320, +93321, +93325, +93352, +93356
93452 <sup>3</sup>	Heart catheterization	93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, +93462, +93463, +93464, +93565, +93566, +93567, +93568

1. NIA won't 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. NIA'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, NIA will review the medical necessity for both the PET scan and the CT scan and issue UM 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.
4. Add-on codes (+) do not require separate authorization and are to be used in conjunction with approved primary code(s) for the service(s) rendered.