

High-Tech Imaging and Cardiac Program Prior Authorization Code Matrix

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial¹ (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO) products

Applies to the following Tufts Health Public Plans² products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – A MassHealth Plan
- Tufts Health Unify – OneCare Plan
- Tufts Health RITogether – A RI Medicaid Plan

The matrix below contains all of the imaging and cardiac procedure codes NIA will authorize on behalf of Tufts Health Plan. This matrix contains the codes for those services subject to prior authorization by NIA. If a service is authorized with a code in column one (authorized CPT/HCPCS code) and billed with a code in the corresponding group in column three (allowable billed groupings), the service is eligible for coverage, subject to the provisions of the member’s benefit plan document.

Services rendered as part of emergency department services, observation services or in a hospital inpatient setting are not subject to prior authorization.

Authorized CPT/HCPCS Code	Description	Allowable Billed Groupings
33225 ³	Cardiac resynchronization therapy (CRT)	33221, 33224, 33225, 33231
33249 ³	Implantable cardioverter defibrillator (ICD)	33230, 33240, 33249
33208 ³	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
70544	MRA head	70544, 70545, 70546
70547	MRA neck	70547, 70548, 70549
70551	MRI brain	70551, 70552, 70553
70551	MRI internal auditory canal	70551, 70552, 70553, 70540, 70542, 70543
70554	Functional MRI brain	70554, 70555
71250	CT chest	71250, 71260, 71270, G0297

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² High-tech imaging codes only. Cardiac management program codes do not apply to Tufts Health Public Plans products.

³ Prior authorization is not required for members under 18 years of age on the date of service.

Authorized CPT/HCPCS Code	Description	Allowable Billed Groupings
71275	CT angiography, chest (noncoronary)	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	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
74261	Diagnostic CT colonoscopy (virtual colonoscopy, CT colonography)	74261, 74262
74263	Screening CT colonoscopy (virtual colonoscopy, CT colonography)	74263
74712	Fetal MRI	74712, 74713
75557	MRI heart	75557, 75559, 75561, 75563, +75565
75572	CT heart	75572
75573	CT heart congenital studies, noncoronary arteries	75573
75574	CT coronary angiography	75574
75635	CT angiography, abdominal arteries	75635
76380	CT limited or follow-up	76380, 70486, 70487, 70488

Authorized CPT/HCPCS Code	Description	Allowable Billed Groupings
76390	MRI spectroscopy	76390
77046	MRI breast	77046, 77047, 77048, 77049
77084	MRI bone marrow	77084
78451	Myocardial perfusion imaging – nuclear cardiology study	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
78459	PET scan, heart ⁴	78459, 78491, 78492
78472	MUGA scan	78472, 78473, 78494, +78496
78608	PET scan, brain	78608, 78609
78813	PET scan	78811, 78812, 78813, 78814, 78815, 78816
78816	PET scan with concurrently acquired CT for attenuation correction and anatomic, localization	78811, 78812, 78813, 78814, 78815, 78816
93307 ³	Transthoracic echocardiography (TTE)	93303 ⁵ , 93304 ⁵ , 93306, 93307, 93308, +93320, +93321, +93325
93312 ³	Transesophageal echocardiography (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, +93320, +93321, +93325
93350 ³	Stress echocardiography	93350, 93351, +93320, +93321, +93325, +93352
93452 ³	Heart catheterization	93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, +93462, +93463, +93464, +93565, +93566, +93567, +93568
G0297	Low dose CT for lung cancer screening	G0297
S8037	MR cholangiopancreatography	S8037, 74181, 74182, 74183

Note: Some procedures require prior authorization through Tufts Health Plan’s Precertification Operations Department. For additional information, refer to the [Medical Necessity Guidelines for Transcatheter Mitral Valve Repair \(TMVR\)](#) and [Noncovered Investigational Services](#).

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not

⁴ Add-on CPT code 0482T (absolute quantitation of myocardial blood flow, positron emission tomography [PET], rest and stress) is considered investigational and is [noncovered/nonreimbursable](#).

⁵ Per the CPT® Reference Guide for Cardiovascular Coding, authored by the AMA and the American College of Cardiology, 93303 and 93304 should not be used when complex congenital heart disease is suspected but not found on echocardiographic evaluation or for simple congenital anomalies.

⁷ Add-on CPT code 75571 (coronary artery Ca score, heart scan, ultrafast CT heart, electron beam CT) is considered investigational and is [noncovered/nonreimbursable](#).

a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.