

Effective 1/1/2023, The PPA list for the BLUE MEDICARE (Carelton Medical Benefits Management) program will go into effect 4/24/2023.

A column has been added to indicate who must be contacted for the following abbreviation:

DIM = Diagnostic Imaging Management (Carelton)

By clicking on the link, you will be sent to the corresponding program page for more information regarding the specific authorization process.

If the member's group is not enrolled in the Carelon Medical Benefits Management program indicated, PPA is not required for that procedure in the specified place of service.

Notice Date: The listed date is when the notice of the existing code was added.

Effective Date: The listed date is when the code will require prior authorization for correct claims processing. If there is no date in this field, the requirement is in effect.

Ineffective Date: The listed date is when the code became invalid or removed from PPA. The code can be billed for up to 18 months past the date for correct claims processing if prior authorization was requested.

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

CPT	Service Description		Notice Date	Effective Date	Date Ineffective
70336	MRI temporomandibular joint(s)	DIM	1/1/2023	4/24/2023	
70450	CT head or brain; w/o contrast	DIM	1/1/2023	4/24/2023	
70460	CT head or brain; with contrast	DIM	1/1/2023	4/24/2023	
70470	CT head or brain; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70480	CT orbit, sella or posterior fossa; w/o contrast	DIM	1/1/2023	4/24/2023	
70481	CT orbit, sella or posterior fossa; with contrast	DIM	1/1/2023	4/24/2023	
70482	CT orbit, sella or posterior fossa; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70486	CT maxillofacial area; w/o contrast	DIM	1/1/2023	4/24/2023	
70487	CT maxillofacial area; with contrast	DIM	1/1/2023	4/24/2023	
70488	CT maxillofacial area; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70490	CT soft tissue neck; w/o contrast	DIM	1/1/2023	4/24/2023	
70491	CT soft tissue neck; with contrast	DIM	1/1/2023	4/24/2023	
70492	CT soft tissue neck; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70496	CTA head	DIM	1/1/2023	4/24/2023	
70498	CTA neck	DIM	1/1/2023	4/24/2023	
70540	MRI orbit, face and neck; w/o contrast	DIM	1/1/2023	4/24/2023	
70542	MRI orbit, face and neck; with contrast	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

70543	MRI orbit, face and neck; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70544	MRA head; w/o contrast	DIM	1/1/2023	4/24/2023	
70545	MRA head; with contrast	DIM	1/1/2023	4/24/2023	
70546	MRA head; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70547	MRA neck; w/o contrast	DIM	1/1/2023	4/24/2023	
70548	MRA neck; with contrast	DIM	1/1/2023	4/24/2023	
70549	MRA neck; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70551	MRI brain; w/o contrast	DIM	1/1/2023	4/24/2023	
70552	MRI brain; with contrast	DIM	1/1/2023	4/24/2023	
70553	MRI brain; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
70554	FMRI brain; by tech	DIM	1/1/2023	4/24/2023	
70555	FMRI brain; by phys/psych	DIM	1/1/2023	4/24/2023	
71250	CT thorax; w/o contrast	DIM	1/1/2023	4/24/2023	
71260	CT thorax; with contrast	DIM	1/1/2023	4/24/2023	
71270	CT thorax; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	DIM	1/1/2023	4/24/2023	
71275	CTA chest (noncoronary)	DIM	1/1/2023	4/24/2023	
71550	MRI chest; w/o contrast	DIM	1/1/2023	4/24/2023	
71551	MRI chest; with contrast	DIM	1/1/2023	4/24/2023	
71552	MRI chest; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
71555	MRA chest; with or w/o contrast	DIM	1/1/2023	4/24/2023	
72125	CT cervical spine; w/o contrast	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

72126	CT cervical spine; with contrast	DIM	1/1/2023	4/24/2023	
72127	CT cervical spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72128	CT thoracic spine; w/o contrast	DIM	1/1/2023	4/24/2023	
72129	CT thoracic spine; with contrast	DIM	1/1/2023	4/24/2023	
72130	CT thoracic spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72131	CT lumbar spine; w/o contrast	DIM	1/1/2023	4/24/2023	
72132	CT lumbar spine; with contrast	DIM	1/1/2023	4/24/2023	
72133	CT lumbar spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72141	MRI cervical spine; w/o contrast	DIM	1/1/2023	4/24/2023	
72142	MRI cervical spine; with contrast	DIM	1/1/2023	4/24/2023	
72146	MRI thoracic spine; w/o contrast	DIM	1/1/2023	4/24/2023	
72147	MRI thoracic spine; with contrast	DIM	1/1/2023	4/24/2023	
72148	MRI lumbar spine; w/o contrast	DIM	1/1/2023	4/24/2023	
72149	MRI lumbar spine; with contrast	DIM	1/1/2023	4/24/2023	
72156	MRI cervical spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72157	MRI thoracic spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72158	MRI lumbar spine; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72159	MRA spinal canal and contents with or w/o contrast	DIM	1/1/2023	4/24/2023	
72191	CTA pelvis	DIM	1/1/2023	4/24/2023	
72192	CT pelvis; w/o contrast	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

72193	CT pelvis; with contrast	DIM	1/1/2023	4/24/2023	
72194	CT pelvis w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72195	MRI pelvis; w/o contrast	DIM	1/1/2023	4/24/2023	
72196	MRI pelvis; with contrast	DIM	1/1/2023	4/24/2023	
72197	MRI pelvis; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
72198	MRA pelvis; with or w/o contrast	DIM	1/1/2023	4/24/2023	
73200	CT upper extremity; w/o contrast	DIM	1/1/2023	4/24/2023	
73201	CT upper extremity; with contrast	DIM	1/1/2023	4/24/2023	
73202	CT upper extremity; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
73206	CTA upper extremity	DIM	1/1/2023	4/24/2023	
73218	MRI upper extremity, other than joint w/o contrast	DIM	1/1/2023	4/24/2023	
73219	MRI upper extremity, other than joint with contrast	DIM	1/1/2023	4/24/2023	
73220	MRI upper extremity, other than joint w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
73221	MRI upper extremity, any joint w/o contrast	DIM	1/1/2023	4/24/2023	
73222	MRI upper extremity, any joint with contrast	DIM	1/1/2023	4/24/2023	
73223	MRI upper extremity, any joint w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
73225	MRA upper extremity; with or w/o contrast	DIM	1/1/2023	4/24/2023	
73700	CT lower extremity; w/o contrast	DIM	1/1/2023	4/24/2023	
73701	CT lower extremity; with contrast	DIM	1/1/2023	4/24/2023	
73702	CT lower extremity; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

73706	CTA lower extremity	DIM	1/1/2023	4/24/2023	
73718	MRI lower extremity, other than joint w/o contrast	DIM	1/1/2023	4/24/2023	
73719	MRI lower extremity, other than joint w contrast	DIM	1/1/2023	4/24/2023	
73720	MRI lower extremity, other than joint w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
73721	MRI lower extremity, any joint w/o contrast	DIM	1/1/2023	4/24/2023	
73722	MRI lower extremity, any joint w contrast	DIM	1/1/2023	4/24/2023	
73723	MRI lower extremity, any joint w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
73725	MRA lower extremity; with or w/o contrast	DIM	1/1/2023	4/24/2023	
74150	CT abdomen; w/o contrast	DIM	1/1/2023	4/24/2023	
74160	CT abdomen; with contrast	DIM	1/1/2023	4/24/2023	
74170	CT abdomen; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
74174	CTA abdomen & pelvis	DIM	1/1/2023	4/24/2023	
74175	CTA abdomen	DIM	1/1/2023	4/24/2023	
74176	Computed tomography, abdomen and pelvis; without contrast material	DIM	1/1/2023	4/24/2023	
74177	Computed tomography, abdomen and pelvis; with contrast	DIM	1/1/2023	4/24/2023	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

74181	MRI abdomen; w/o contrast	DIM	1/1/2023	4/24/2023	
74182	MRI abdomen; with contrast	DIM	1/1/2023	4/24/2023	
74183	MRI abdomen; w/o contrast followed by contrast	DIM	1/1/2023	4/24/2023	
74185	MRA abdomen; with or w/o contrast	DIM	1/1/2023	4/24/2023	
74261	CT Colonography, diagnostic, including image postprocessing, w/o contrast	DIM	1/1/2023	4/24/2023	
74262	CT Colonography, diagnostic, including image postprocessing, with contrast	DIM	1/1/2023	4/24/2023	
74263	CT Colonography, screening, including image postprocessing, with contrast **Please note: this code should only be used for Commercial authorization requests and is no longer a covered procedure for our Blue Medicare HMO/PPO members.	DIM	1/1/2023	4/24/2023	
74712	MRI fetal; including placental and maternal pelvic imaging (initial gestation)	DIM	1/1/2023	4/24/2023	
74713	MRI fetal; including placental and maternal pelvic imaging (each additional gestation)	DIM	1/1/2023	4/24/2023	
75557	MRI cardiac for morphology & function, w/o contrast	DIM	1/1/2023	4/24/2023	
75559	MRI cardiac for morphology & function, w/o contrast; w/stress imaging	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

75561	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences	DIM	1/1/2023	4/24/2023	
75563	MRI cardiac for morphology & function, w/o contrast; followed by contrast & further sequences; w/stress imaging	DIM	1/1/2023	4/24/2023	
75565	Cardiac MRI for velocity flow mapping	DIM	1/1/2023	4/24/2023	
75571	CT heart, w/o contrast, with quantitative evaluation of coronary calcium	DIM	1/1/2023	4/24/2023	
75572	CT heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	DIM	1/1/2023	4/24/2023	
75573	CT heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation)	DIM	1/1/2023	4/24/2023	
75574	CT angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology,	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	assessment of cardiac function, and evaluation)				
75635	CTA abdominal aorta & bilateral iliofemoral lower extremity runoff	<u>DIM</u>	1/1/2023	4/24/2023	
76376	3D rendering w/interpretation and reporting with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation	<u>DIM</u>	1/1/2023	4/24/2023	
76377	3D rendering w/interpretation and reporting with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	<u>DIM</u>	1/1/2023	4/24/2023	
76380	CT limited or localized follow-up study	<u>DIM</u>	1/1/2023	4/24/2023	
76390	MR Spectroscopy NOTE: (Non-covered by Original Medicare and Blue Medicare HMO and Blue Medicare PPO)	<u>DIM</u>	1/1/2023	4/24/2023	
76391	Magnetic resonance (eg, vibration) elastography	<u>DIM</u>	1/1/2023	4/24/2023	
77046	MRI breast, w/o contrast; unilateral	<u>DIM</u>	1/1/2023	4/24/2023	
77047	MRI breast, w/o contrast; bilateral	<u>DIM</u>	1/1/2023	4/24/2023	
77048	MRI breast, w/o contrast followed by contrast, including CAD; unilateral	<u>DIM</u>	1/1/2023	4/24/2023	
77049	MRI, breast, , w/o contrast followed by contrast, including CAD; bilateral	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

77078	CT, bone mineral density study, 1 or more sites; axial skeleton (e.g. hips, pelvis, spine)	DIM	1/1/2023	4/24/2023	
77084	MRI bone marrow blood supply	DIM	1/1/2023	4/24/2023	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	DIM	1/1/2023	4/24/2023	
78013	Thyroid imaging (including vascular flow, when performed);	DIM	1/1/2023	4/24/2023	
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	DIM	1/1/2023	4/24/2023	
78015	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)	DIM	1/1/2023	4/24/2023	
78016	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)	DIM	1/1/2023	4/24/2023	
78018	Thyroid carcinoma metastases imaging; whole body	DIM	1/1/2023	4/24/2023	
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	DIM	1/1/2023	4/24/2023	
78070	Parathyroid planar imaging (including subtraction, when performed);	DIM	1/1/2023	4/24/2023	
78071	Parathyroid planar imaging (including	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	subtraction, when performed); with tomographic (SPECT)				
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	DIM	1/1/2023	4/24/2023	
78075	Adrenal imaging, cortex and/or medulla	DIM	1/1/2023	4/24/2023	
78102	Bone marrow imaging; limited area	DIM	1/1/2023	4/24/2023	
78103	Bone marrow imaging; multiple areas	DIM	1/1/2023	4/24/2023	
78104	Bone marrow imaging; whole body	DIM	1/1/2023	4/24/2023	
78185	Spleen imaging only, with or without vascular flow	DIM	1/1/2023	4/24/2023	
78195	Lymphatics and lymph nodes imaging	DIM	1/1/2023	4/24/2023	
78201	Liver imaging; static only	DIM	1/1/2023	4/24/2023	
78202	Liver imaging; with vascular flow	DIM	1/1/2023	4/24/2023	
78215	Liver and spleen imaging; static only	DIM	1/1/2023	4/24/2023	
78216	Liver and spleen imaging; with vascular flow	DIM	1/1/2023	4/24/2023	
78226	Hepatobiliary system imaging, including gallbladder when present;	DIM	1/1/2023	4/24/2023	
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**
Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

78230	Salivary gland imaging;	DIM	1/1/2023	4/24/2023	
78231	Salivary gland imaging; with serial images	DIM	1/1/2023	4/24/2023	
78232	Salivary gland function study	DIM	1/1/2023	4/24/2023	
78258	Esophageal motility	DIM	1/1/2023	4/24/2023	
78261	Gastric mucosa imaging	DIM	1/1/2023	4/24/2023	
78262	Gastroesophageal reflux study	DIM	1/1/2023	4/24/2023	
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	DIM	1/1/2023	4/24/2023	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	DIM	1/1/2023	4/24/2023	
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	DIM	1/1/2023	4/24/2023	
78278	Acute gastrointestinal blood loss imaging	DIM	1/1/2023	4/24/2023	
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	DIM	1/1/2023	4/24/2023	
78291	Peritoneal-venous shunt patency test (eg, for LeVein, Denver shunt)	DIM	1/1/2023	4/24/2023	
78300	Bone and/or joint imaging; limited area	DIM	1/1/2023	4/24/2023	
78305	Bone and/or joint imaging; multiple areas	DIM	1/1/2023	4/24/2023	
78306	Bone and/or joint imaging; whole body	DIM	1/1/2023	4/24/2023	
78315	Bone and/or joint imaging; 3 phase study	DIM	1/1/2023	4/24/2023	
78429	PET myocardial, metabolic evaluation with concurrent CT	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

78430	PET myocardial, perfusion, single study with concurrent CT	DIM	1/1/2023	4/24/2023	
78431	PET myocardial, perfusion, multiple studies, with concurrent CT	DIM	1/1/2023	4/24/2023	
78432	PET myocardial combined perfusion with metabolic evaluation study	DIM	1/1/2023	4/24/2023	
78433	PET myocardial combined perfusion with metabolic evaluation study with concurrent CT	DIM	1/1/2023	4/24/2023	
78434	PET myocardial Absolute quantitation of myocardial blood flow (AQMBF)	DIM	1/1/2023	4/24/2023	
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	DIM	1/1/2023	4/24/2023	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	DIM	1/1/2023	4/24/2023	
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	studies, at rest and/or stress				
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	<u>DIM</u>	1/1/2023	4/24/2023	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)	<u>DIM</u>	1/1/2023	4/24/2023	
78456	Acute venous thrombosis imaging, peptide	<u>DIM</u>	1/1/2023	4/24/2023	
78457	Venous thrombosis imaging, venogram; unilateral	<u>DIM</u>	1/1/2023	4/24/2023	
78458	Venous thrombosis imaging, venogram; bilateral	<u>DIM</u>	1/1/2023	4/24/2023	
78459	PET myocardial, metabolic evaluation	<u>DIM</u>	1/1/2023	4/24/2023	
78466	Planar, infarct avid; qualitative or quantitative	<u>DIM</u>	1/1/2023	4/24/2023	
78468	Planar, infarct avid; with ejection fraction by first pass technique	<u>DIM</u>	1/1/2023	4/24/2023	
78469	SPECT, infarct avid; with or w/o quantification	<u>DIM</u>	1/1/2023	4/24/2023	
78472	Gated equilibrium; planar, single study,	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	wall motion plus ejection fraction				
78473	Gated equilibrium; planar, multiple studies, wall motion study plus ejection fraction	DIM	1/1/2023	4/24/2023	
78481	First pass tech; single study, wall motion study plus ejection fraction	DIM	1/1/2023	4/24/2023	
78483	First pass tech; multiple studies, wall motion study plus ejection fraction	DIM	1/1/2023	4/24/2023	
78491	PET myocardial, perfusion, single study	DIM	1/1/2023	4/24/2023	
78492	PET myocardial, perfusion, multiple studies	DIM	1/1/2023	4/24/2023	
78494	Gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction	DIM	1/1/2023	4/24/2023	
78579	Pulmonary ventilation imaging (eg, aerosol or gas)	DIM	1/1/2023	4/24/2023	
78580	Pulmonary perfusion imaging (eg, particulate)	DIM	1/1/2023	4/24/2023	
78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	DIM	1/1/2023	4/24/2023	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique	DIM	1/1/2023	4/24/2023	
78597	Quantitative differential pulmonary perfusion, including imaging when performed	DIM	1/1/2023	4/24/2023	
78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

78600	Brain imaging, less than 4 static views;	DIM	1/1/2023	4/24/2023	
78601	Brain imaging, less than 4 static views; with vascular flow	DIM	1/1/2023	4/24/2023	
78605	Brain imaging, minimum 4 static views;	DIM	1/1/2023	4/24/2023	
78606	Brain imaging, minimum 4 static views; with vascular flow	DIM	1/1/2023	4/24/2023	
78608	PET brain, metabolic evaluation	DIM	1/1/2023	4/24/2023	
78610	Brain imaging, vascular flow only	DIM	1/1/2023	4/24/2023	
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	DIM	1/1/2023	4/24/2023	
78635	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography	DIM	1/1/2023	4/24/2023	
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	DIM	1/1/2023	4/24/2023	
78650	Cerebrospinal fluid leakage detection and localization	DIM	1/1/2023	4/24/2023	
78660	Radiopharmaceutical dacryocystography	DIM	1/1/2023	4/24/2023	
78700	Kidney imaging morphology;	DIM	1/1/2023	4/24/2023	
78701	Kidney imaging morphology; with vascular flow	DIM	1/1/2023	4/24/2023	
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	DIM	1/1/2023	4/24/2023	
78708	Kidney imaging morphology; with	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)				
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	<u>DIM</u>	1/1/2023	4/24/2023	
78725	Kidney function study, non-imaging radioisotopic study	<u>DIM</u>	1/1/2023	4/24/2023	
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	<u>DIM</u>	1/1/2023	4/24/2023	
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	<u>DIM</u>	1/1/2023	4/24/2023	
78761	Testicular imaging with vascular flow	<u>DIM</u>	1/1/2023	4/24/2023	
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single limited area (includes vascular flow and blood pool imaging, when performed); planar, single (includes vascular flow and blood pool imaging, when performed); planar, single	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more multiple areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days	DIM	1/1/2023	4/24/2023	
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging	DIM	1/1/2023	4/24/2023	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) , single area (eg, head, neck, chest, pelvis), single day imaging	DIM	1/1/2023	4/24/2023	
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar,	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	whole body, requiring 2 or more days imaging				
78811	PET tumor imaging, limited	DIM	1/1/2023	4/24/2023	
78812	PET tumor imaging, skull base to mid-thigh	DIM	1/1/2023	4/24/2023	
78813	PET tumor imaging, whole body	DIM	1/1/2023	4/24/2023	
78814	PET tumor imaging with concurrent CT, limited	DIM	1/1/2023	4/24/2023	
78815	PET tumor imaging with concurrent CT, skull to midhigh	DIM	1/1/2023	4/24/2023	
78816	PET tumor imaging with concurrent CT, whole body	DIM	1/1/2023	4/24/2023	
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	DIM	1/1/2023	4/24/2023	
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg,	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days				
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	<u>DIM</u>	1/1/2023	4/24/2023	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	<u>DIM</u>	1/1/2023	4/24/2023	
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report				
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	<u>DIM</u>	1/1/2023	4/24/2023	
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR mode				
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	<u>DIM</u>	1/1/2023	4/24/2023	
0633T	CT, breast, including 3D rendering, when performed, unilateral; w/o contrast	<u>DIM</u>	1/1/2023	4/24/2023	
0634T	CT, breast, including 3D rendering, when performed, unilateral; with contrast	<u>DIM</u>	1/1/2023	4/24/2023	
0635T	CT, breast, including 3D rendering, when performed, unilateral; w/o contrast, followed by contrast	<u>DIM</u>	1/1/2023	4/24/2023	
0636T	CT, breast, including 3D rendering, when performed bilateral; w/o contrast	<u>DIM</u>	1/1/2023	4/24/2023	
0637T	CT, breast, including 3D rendering, when	<u>DIM</u>	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**

Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

	performed, bilateral; with contrast				
0638T	CT, breast, including 3D rendering, when performed, bilateral; w/o contrast, followed by contrast	DIM	1/1/2023	4/24/2023	
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	DIM	1/1/2023	4/24/2023	
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	DIM	1/1/2023	4/24/2023	

Carelon Medical Benefits Management Program Prior Review (Prior Plan Approval) **BLUE MEDICARE**
Code List – 1st Quarter 2023

This list is subject to change once per quarter. Changes will be posted to the BCBSNC website at www.bluecrossnc.com by the 10th day of January, April, July, and October

*** Investigational procedure/non-covered**

**** No additional reimbursement provided for calcium scoring component**