

All codes listed below require prior authorization. To request prior authorization, providers can:

- Log in to **Availity[®]**
 - Select the Tennessee region, and then select “**Payer Space.**”
 - Click the “**Authorization Submission/Review**” application.
 - Select “**Specialty Pharmacy.**”

- Call **1-888-258-3864** for **BlueCare Plus** members. • Call **1-888-258-3864** for **Medicare Advantage** members.

CPT [®] /HCPS Codes	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	
70450	CT Head/Brain	70460, 70470
70480	CT Orbit	70481, 70482
70486	CT Maxillofacial/Sinus	70487, 70488, 76380
70490	CT Soft Tissue Neck	70491, 70492
70496	CT Angiography, Head	
70498	CT Angiography, Neck	
70540	MRI Orbit, Face, and/or Neck	70542, 70543
70551	MRI Internal Auditory Canal	70552, 70553, 70540, 70542, 70543
70544	MRA Head	70545, 70546
70547	MRA Neck	70548, 70549
70551	MRI Brain	70552, 70553
70554	Functional MRI Brain	70555
71250	CT Chest	71260, 71270
71275	CT Angiography, Chest (non coronary)	
71550	MRI Chest	71551, 71552
71555	MRA Chest (excluding myocardium)	
72125	CT Cervical Spine	72126, 72127
72128	CT Thoracic Spine	72129, 72130
72131	CT Lumbar Spine	72132, 72133
72141	MRI Cervical Spine	72142, 72156
72146	MRI Thoracic Spine	72147, 72157
72148	MRI Lumbar Spine	72149, 72158
72159	MRA Spinal Canal	
72191	CT Angiography, Pelvis	
72192	CT Pelvis	72193, 72194
72196	MRI Pelvis	72195, 72197
72198	MRA Pelvis	

CPT®/HCPS Codes	Description	Allowable Billed Groupings
73200	CT Upper Extremity	73201, 73202
73206	CT Angiography, Upper Extremity	
73220	MRI Upper Extremity, other than Joint	73218, 73219
73221	MRI Upper Extremity Joint	73222, 73223
73225	MRA Upper Extremity	
73700	CT Lower Extremity	73701, 73702
73706	CT Angiography, Lower Extremity	
73720	MRI Lower Extremity	73718, 73719, 73721, 73722, 73723
73721	MRI Hip	72195, 72196, 72197, 73722, 73723
73725	MRA Lower Extremity	
74150	CT Abdomen	74160, 74170
74174	CT Angiography, Abdomen and Pelvis	
74175	CT Angiography, Abdomen	
74176	CT Abdomen and Pelvis Combination	74177, 74178
74181	MRI Abdomen	74182, 74183, S8037
74185	MRA Abdomen	
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74262
74263	Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	
74712	Fetal MRI	74713
75557	MRI Heart	75559, 75561, 75563, 75565
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	S8092
75572	CT Heart	
75573	CT Heart congenital studies, non-coronary arteries	
75574	CTA coronary arteries (CCTA)	
75635	CT Angiography, Abdominal Arteries	
76380	Follow Up, Limited or Localized CT	70486, 70487, 70488
76390	MR Spectroscopy	
76497	Unlisted Computed Tomography Procedure	
76498	Unlisted Magnetic Resonance Procedure	
77058	MRI Breast	77059
77078	CT Bone Density Study	
77084	MRI Bone Marrow	
78451	Myocardial Perfusion Imaging – Nuclear Cardiology Study	78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499

CPT®/HCPS Codes	Description	Allowable Billed Groupings
78459	PET Scan, Heart	0482T, 78491, 78492
78472	MUGA Scan	78473, 78494, 78496
78608	PET Scan, Brain	78609
78813	PET Scan	78811, 78812, 78814, 78815, 78816
78816	PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.	78811, 78812, 78813, 78814, 78815
93350	Stress Echocardiography	93351, 93320, 93321, 93325, 93352
0042T	Cerebral Perfusion Analysis CT	
0159T	CAD Breast MRI for Lesion Detection	
G0219	PET imaging whole body, melanoma for non-covered indications	
G0235	PET imaging, any site, not otherwise specified	
G0252	PET imaging, initial diagnosis of breast cancer and/or surgical planning for breast cancer	
S8037	MR Cholangiopancreatography	74181, 74182, 74183
S8042	MRI low field	



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

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Covered Services specifically exclude mammography, inpatient radiology services, radiology services rendered in an Emergency Department of a hospital, radiation therapy services, interventional radiology procedures, services provided outside the BlueCross BlueShield of Tennessee Service Area for fully insured (non-ASO) commercial Members, and all other outpatient diagnostic services other than the MRI, MRA, MRS, CT or PET services.