



## BlueCross BlueShield of Montana

Blue Cross and Blue Shield of Montana (BCBSMT) has contracted with eviCore Healthcare (eviCore) to provide utilization management services for certain care categories. Below is the list of outpatient Advanced Imaging service codes managed by eviCore.

### Advanced Imaging Preauthorization Code List

CPT®/HCPCS Code
70336
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78457
78458
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78709
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78761
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78802
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78804
78805
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78807
78811
78812
78813
78814
78815
78816
0042T
0159T
C8900
C8901
C8902
C8903
C8904
C8905
C8906
C8907
C8908
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C8920	
C8931	
C8932	
C8933	
C8934	
C8935	
C8936	
G0219	
G0235	
G0252	
G0297	
S8037	
S8042	
S8080	
S8085	
S8092	

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\* eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSMT.

\*\* Preauthorization determines whether the proposed service or treatment meets the definition of medical necessity under the applicable benefit plan. Preauthorization of a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.