



Evolut Prior Authorization Updates, Effective April 1, 2026

As part of Ambetter of Tennessee’s partnership with Evolut Specialty Services to manage utilization management, certain prior authorization requirements will be removed effective April 1, 2026.

As part of our ongoing work to improve the prior authorization (PA) process for providers and members, Ambetter is removing PA requirements for select Radiology and Diagnostic Cardiology (RBM) codes effective April 1, 2026.

These updates will create a more uniform set of PA requirements across all health plan offerings, simplify processes, reduce provider confusion, and support future efforts to expand real-time responses to requests. Each of the affected codes provided in this communication is managed on behalf of Ambetter by Evolut Specialty Services, our utilization management partner.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) for Medicare will no longer require PA and will be removed from the Evolut Utilization Review Matrix.

Modality	Allowable Billing Group	CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482	70480
CT MAXILOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380	70486
CT SOFT TISSUE NECK WITH O DYE	70490, 70491, 70492	70490
MRI IMAGING BRAIN; INCLUDING BRAIN STEM; WITHOUT CONTRAST MATERIAL	70551, 70552, 70553	70551
MRI- SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	72141, 72142, 72156	72141
MRI, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	72146, 72147, 72157	72146
MRI- SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	72148, 72149, 72158	72148
MRI PELVIS WITH DYE	72195, 72196, 72197	72196
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202	73200
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220	73220
MRI JOINT UPR EXTREM WITH O DYE	73221, 73222, 73223	73221
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702	73700
CT ABDOMEN WITH O DYE	74150, 74160, 74170	74150
MRI ABDOMEN WITH O DYE	74181, 74182, 74183, S8037	74181
MRI FETAL SNGL/1ST GESTATION	74712, 74713	74712



Wellcare and Ambetter of Tennessee are affiliated products serving Medicare and Health Insurance Marketplace members, respectively. If you have any questions, please contact Provider Relations.

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Modality	Allowable Billing Group	CPT
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563	75557
CT HRT WITH 3D IMAGE	75572	75572
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	75574
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046, 77047, 77048, 77049	77046
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	77078
MRI BONE MARROW BLOOD SUPPLY	77084	77084
GATED HEART PLANAR SINGLE	78472, 78473, 78494	78472
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318	93312

As of April 1, 2026, the following codes for Radiology and Diagnostic Cardiology (RBM) for Marketplace will no longer require PA and will be removed from the Evolent Utilization Review Matrix.

Modality	Allowable Billing Group	CPT
CT ORBIT/EAR/FOSSA WITH O DYE	70480,70481,70482	70480
CT MAXLOFCE AREA; W/O CONTRAST MATL	70487,70488, 70486, 76380	70486
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250, 71260, 71270, 71271	71250
MRI PELVIS WITH DYE	72195, 72196, 72197	72196
CT UPPER EXTREMITY WITH O DYE	73200, 73201, 73202	73200
MRI UPPR EXTREMITY WITH OAND WITH DYE	73218, 73219, 73220	73220
CT LOWER EXTREMITY WITH O DYE	73700, 73701, 73702	73700
MRI FETAL SNGL/1ST GESTATION	74712, 74713	74712
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557, 75559, 75561, 75563	75557
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	77078
GATED HEART PLANAR SINGLE	78472, 78473, 78494	78472
ECHOCRDGRPHY RL TM W/2D W/WO M-MODE, TRANSESOPHAGEAL	93312, 93313, 93314, 93315, 93316, 93317, 93318	93312

As of April 1, 2026, the following codes for Cardio for Medicare will no longer require PA and will be removed from the Evolent Utilization Review Matrix.

Modality	Allowable Billing Group
ANGIOGRAPHY	36218, 36253, 36254, 75580, 75736, 76937
BYPASS GRAFT IN-SITU VEIN	35583, 35585, 35587, 35621, 35646, 35654, 35656, 35661, 35666, 35671
BYPASS GRAFT VEIN	35556, 35558, 35566, 35571

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Modality	Allowable Billing Group
CARDIAC CATHETERIZATION	93451, 93459, 93460, 93505, 93563, 93565, 93566, 93567, 93568, 93571, C1759
CONGENITAL HEART DISESE SURGERY	33820
CORONARY ARTERY DISEASE SURGERY	33215, 33217, 33223, 33405, 35305, 35884, 93454, 93580, 93583, 93650, C1732, C1895
DEVICE IMPLANTATION/ELECTRICAL CARDIOVERSION	33202, 33218, 33220, 33222, 33224, 33225, 33226, 33227, 33228, 33229, 33233, 33234, 33235, 33236, 33271, 33274, 33275, 33286, 92960, 92961, C1722, C1760, C1785, C1882, C1900, C2621
DEVICE MONITORING	93292, K0606
ELECTROPHYSIOLOGY STUDIES (EPS)	93662, C1730
EXCISION EXPLORATION REPAIR REVISION	35700, 35881, 35883
INTERRUPTION/LIGATION/STRIPPING ETC.	37765, 37766
INTERVENTIONAL CARDIOLOGY	33418, 92987, 92997, 93581, 93590, 93591
INTERVENTIONAL RADIOLOGY	36836, 36837
PULMONARY VALVE SURGERY	33475, 33477
REPAIR/EXCISION FOR ANEURYSM OCCLUSIVE DISEASE ETC.	35001, 35011, 35141, 35151
TAVR	33361, 33362, 33363, 33364, 33365, 33366, 33369
THERAPEUTIC SERVICES	93745
THROMBOENDARTERECTOMY	35301, 35302, 35303, 35351, 35355, 35371, 35372
TRICUSPID VALVE SURGERY	33465

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Modality	Impacted CPT
ANGIOGRAPHY	36218, 36253, 36254, 75580, 75736, 76937
BYPASS GRAFT IN-SITU VEIN	35583, 35585, 35587, 35621, 35646, 35654, 35656, 35661, 35666, 35671
BYPASS GRAFT VEIN	35556, 35558, 35566, 35571
CARDIAC CATHETERIZATION	93451, 93505, 93563, 93565, 93566, 93567, 93568, 93571, C1759
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