BlueCross BlueShield of Alabama

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Advanced Imaging Management Program Precertification List

Effective Date: January 1, 2027

Precertification is required for services, including outpatient hospital benefits, physician benefits and other covered services. Below is the list of specific services that require precertification. This list will be updated no more than twice a calendar year. Check this list prior to obtaining any outpatient hospital services, physician services or other covered services. For the next step in obtaining a precertification, please call Customer Service at the number on the back of your member ID card.

CPT CODE Computed Tomography (CT)
0633T
0634T
0635T
0636T
0637T
0638T
70450
70460
70470
70471
70472
70473
70480
70481
70482
70486
70487
70488
70490
70491
70492
70560
70561
70562
71250
71260
71270
71271
72125
72126
72127
72128
72129
72130
72131
72132
72133
72192

CPT CODE Computed Tomography (CT)
72193
72194
73200
73201
73202
73700
73701
73702
74150
74160
74170
74176
74177
74178
74261
74262
75571
75572
75573

CPT CODE Positron Emission Tomography (PET)
78429
78430
78431
78432
78433
78459
78491
78492
78608
78609
78811
78812
78813
78814
78815
78816

CPT CODE Computed Tomography Angiography (CTA)
70496
70498
71275
72191
73206
73706
74174
74175
75635
75574
75580

CPT CODE Positron Emission Tomography (PET) Radiotracers
A9515
A9552
A9580
A9586
A9587
A9588
A9591
A9592
A9593
A9594
A9595
A9596
A9597
A9598
A9601
A9602
A9608
A9616
A9800
Q9982
Q9983

CPT CODE
Magnetic Resonance Angiography (MRA)
70544
70545
70546
70547
70548
70549
70560
70561
70562
71555
72159
72198
73225
73725
74185

CPT CODE
Magnetic Resonance Imaging (MRI)
0648T
70540
70542
70543
70551
70552

CPT CODE
Magnetic Resonance Imaging (MRI)
70553
70554
70555
71550
71551
71552
72141
72142
72146
72147
72148
72149
72156
72157
72158
72195
72196
72197
73218
73219
73220
73221
73222
73223
73718

CPT CODE
Magnetic Resonance Imaging (MRI)
73719
73720
73721
73722
73723
74181
74182
74183
74712
75557
75559
75561
75563
76390
76391
77084
77046
77047
77048
77049

CPT CODE
Magnetoencephalography (MEG)
95965
95966

*Post-Service Review

Code Additions		
Code(s)	**Procedure**	**Effective Date**
70471, 70473	Commuted Tomography	January 1, 2026
A9616	Positron Emission Tomography Radiotracers	January 1, 2026
70472	Commuted Tomography	April 1, 2026
70560, 70561, 70562	Magnetic Resonance Angiography	January 1, 2027

Code Deletions		
Code(s)	**Procedure**	**Effective Date**
0042T	Commuted Tomography	January 1, 2026

Please see the Medical Necessity and Precertification section of your benefit booklet to determine what services require precertification under your plan.
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