Mass General Brigham Health Plan

The following codes are under management for Commercial members who have health benefits covered by Mass General Brigham Health Plan, prior authorization administered by Carelon Medical Benefits Management. Effective 11/2/2026.

Carelon Codes	Code Description	Clinical Reference	Effective Date
70336	MAGNETIC IMAGE JAW JOINT	Carelon Guidelines	11/2/2026
70450	CT HEAD/BRAIN W/O DYE	Carelon Guidelines	11/2/2026
70460	CT HEAD/BRAIN W/DYE	Carelon Guidelines	11/2/2026
70470	CT HEAD/BRAIN W/O & W/DYE	Carelon Guidelines	11/2/2026
70480	CT ORBIT/EAR/FOSSA W/O DYE	Carelon Guidelines	11/2/2026
70481	CT ORBIT/EAR/FOSSA W/DYE	Carelon Guidelines	11/2/2026
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	Carelon Guidelines	11/2/2026
70486	CT MAXILLOFACIAL W/O DYE	Carelon Guidelines	11/2/2026
70487	CT MAXILLOFACIAL W/DYE	Carelon Guidelines	11/2/2026
70488	CT MAXILLOFACIAL W/O & W/DYE	Carelon Guidelines	11/2/2026
70490	CT SOFT TISSUE NECK W/O DYE	Carelon Guidelines	11/2/2026
70491	CT SOFT TISSUE NECK W/DYE	Carelon Guidelines	11/2/2026
70492	CT SFT TSUE NCK W/O & W/DYE	Carelon Guidelines	11/2/2026
70496	CT ANGIOGRAPHY HEAD	Carelon Guidelines	11/2/2026
70498	CT ANGIOGRAPHY NECK	Carelon Guidelines	11/2/2026
70540	MRI ORBIT/FACE/NECK W/O DYE	Carelon Guidelines	11/2/2026
70542	MRI ORBIT/FACE/NECK W/DYE	Carelon Guidelines	11/2/2026
70543	MRI ORBT/FAC/NCK W/O &W/DYE	Carelon Guidelines	11/2/2026
70544	MR ANGIOGRAPHY HEAD W/O DYE	Carelon Guidelines	11/2/2026
70545	MR ANGIOGRAPHY HEAD W/DYE	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	Carelon Guidelines	11/2/2026
70547	MR ANGIOGRAPHY NECK W/O DYE	Carelon Guidelines	11/2/2026
70548	MR ANGIOGRAPHY NECK W/DYE	Carelon Guidelines	11/2/2026
70549	MR ANGIOGRAPH NECK W/O&W/DYE	Carelon Guidelines	11/2/2026
70551	MRI BRAIN STEM W/O DYE	Carelon Guidelines	11/2/2026
70552	MRI BRAIN STEM W/DYE	Carelon Guidelines	11/2/2026
70553	MRI BRAIN STEM W/O & W/DYE	Carelon Guidelines	11/2/2026
70554	FMRI BRAIN BY TECH	Carelon Guidelines	11/2/2026
70555	FMRI BRAIN BY PHYS/PSYCH	Carelon Guidelines	11/2/2026
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	Carelon Guidelines	11/2/2026
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	Carelon Guidelines	11/2/2026
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	Carelon Guidelines	11/2/2026
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	Carelon Guidelines	11/2/2026
71275	CT ANGIOGRAPHY CHEST	Carelon Guidelines	11/2/2026
71550	MRI CHEST W/O DYE	Carelon Guidelines	11/2/2026
71551	MRI CHEST W/DYE	Carelon Guidelines	11/2/2026
71552	MRI CHEST W/O & W/DYE	Carelon Guidelines	11/2/2026
71555	MRI ANGIO CHEST W OR W/O DYE	Carelon Guidelines	11/2/2026
72125	CT NECK SPINE W/O DYE	Carelon Guidelines	11/2/2026
72126	CT NECK SPINE W/DYE	Carelon Guidelines	11/2/2026
72127	CT NECK SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72128	CT CHEST SPINE W/O DYE	Carelon Guidelines	11/2/2026
72129	CT CHEST SPINE W/DYE	Carelon Guidelines	11/2/2026
72130	CT CHEST SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72131	CT LUMBAR SPINE W/O DYE	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
72132	CT LUMBAR SPINE W/DYE	Carelon Guidelines	11/2/2026
72133	CT LUMBAR SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72141	MRI NECK SPINE W/O DYE	Carelon Guidelines	11/2/2026
72142	MRI NECK SPINE W/DYE	Carelon Guidelines	11/2/2026
72146	MRI CHEST SPINE W/O DYE	Carelon Guidelines	11/2/2026
72147	MRI CHEST SPINE W/DYE	Carelon Guidelines	11/2/2026
72148	MRI LUMBAR SPINE W/O DYE	Carelon Guidelines	11/2/2026
72149	MRI LUMBAR SPINE W/DYE	Carelon Guidelines	11/2/2026
72156	MRI NECK SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72157	MRI CHEST SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72158	MRI LUMBAR SPINE W/O & W/DYE	Carelon Guidelines	11/2/2026
72159	MR ANGIO SPINE W/O&W/DYE	Carelon Guidelines	11/2/2026
72191	CT ANGIOGRAPH PELV W/O&W/DYE	Carelon Guidelines	11/2/2026
72192	CT PELVIS W/O DYE	Carelon Guidelines	11/2/2026
72193	CT PELVIS W/DYE	Carelon Guidelines	11/2/2026
72194	CT PELVIS W/O & W/DYE	Carelon Guidelines	11/2/2026
72195	MRI PELVIS W/O DYE	Carelon Guidelines	11/2/2026
72196	MRI PELVIS W/DYE	Carelon Guidelines	11/2/2026
72197	MRI PELVIS W/O & W/DYE	Carelon Guidelines	11/2/2026
72198	MR ANGIO PELVIS W/O & W/DYE	Carelon Guidelines	11/2/2026
73200	CT UPPER EXTREMITY W/O DYE	Carelon Guidelines	11/2/2026
73201	CT UPPER EXTREMITY W/DYE	Carelon Guidelines	11/2/2026
73202	CT UPPR EXTREMITY W/O&W/DYE	Carelon Guidelines	11/2/2026
73206	CT ANGIO UPR EXTRM W/O&W/DYE	Carelon Guidelines	11/2/2026
73218	MRI UPPER EXTREMITY W/O DYE	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
73219	MRI UPPER EXTREMITY W/DYE	Carelon Guidelines	11/2/2026
73220	MRI UPPR EXTREMITY W/O&W/DYE	Carelon Guidelines	11/2/2026
73221	MRI JOINT UPR EXTREM W/O DYE	Carelon Guidelines	11/2/2026
73222	MRI JOINT UPR EXTREM W/DYE	Carelon Guidelines	11/2/2026
73223	MRI JOINT UPR EXTR W/O&W/DYE	Carelon Guidelines	11/2/2026
73225	MR ANGIO UPR EXTR W/O&W/DYE	Carelon Guidelines	11/2/2026
73700	CT LOWER EXTREMITY W/O DYE	Carelon Guidelines	11/2/2026
73701	CT LOWER EXTREMITY W/DYE	Carelon Guidelines	11/2/2026
73702	CT LWR EXTREMITY W/O&W/DYE	Carelon Guidelines	11/2/2026
73706	CT ANGIO LWR EXTR W/O&W/DYE	Carelon Guidelines	11/2/2026
73718	MRI LOWER EXTREMITY W/O DYE	Carelon Guidelines	11/2/2026
73719	MRI LOWER EXTREMITY W/DYE	Carelon Guidelines	11/2/2026
73720	MRI LWR EXTREMITY W/O&W/DYE	Carelon Guidelines	11/2/2026
73721	MRI JNT OF LWR EXTRE W/O DYE	Carelon Guidelines	11/2/2026
73722	MRI JOINT OF LWR EXTR W/DYE	Carelon Guidelines	11/2/2026
73723	MRI JOINT LWR EXTR W/O&W/DYE	Carelon Guidelines	11/2/2026
73725	MR ANG LWR EXT W OR W/O DYE	Carelon Guidelines	11/2/2026
74150	CT ABDOMEN W/O CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74160	CT ABDOMEN W/CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74170	CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	Carelon Guidelines	11/2/2026
74174	CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING	Carelon Guidelines	11/2/2026
74175	CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	Carelon Guidelines	11/2/2026
74176	CT ABD & PELVIS W/O CONTRAST	Carelon Guidelines	11/2/2026
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74178	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74182	MRI ABDOMEN W/CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74183	MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	Carelon Guidelines	11/2/2026
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	Carelon Guidelines	11/2/2026
74261	CT COLONOGRAPHY DX	Carelon Guidelines	11/2/2026
74262	CT COLONOGRAPHY DX W/DYE	Carelon Guidelines	11/2/2026
74263	CT COLONOGRAPHY SCREENING	Carelon Guidelines	11/2/2026
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	Carelon Guidelines	11/2/2026
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	Carelon Guidelines	11/2/2026
75557	CARDIAC MRI FOR MORPH	Carelon Guidelines	11/2/2026
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	Carelon Guidelines	11/2/2026
75561	CARDIAC MRI FOR MORPH W/DYE	Carelon Guidelines	11/2/2026
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	Carelon Guidelines	11/2/2026
75565	CARD MRI VELOC FLOW MAPPING	Carelon Guidelines	11/2/2026
75571	CT HRT W/O DYE W/CA TEST	Carelon Guidelines	11/2/2026
75572	CT HRT W/3D IMAGE	Carelon Guidelines	11/2/2026
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	Carelon Guidelines	11/2/2026
75574	CT ANGIO HRT W/3D IMAGE	Carelon Guidelines	11/2/2026
75635	CT ANGIO ABDOMINAL ARTERIES	Carelon Guidelines	11/2/2026
76380	CAT SCAN FOLLOW-UP STUDY	Carelon Guidelines	11/2/2026
76390	MR SPECTROSCOPY	Carelon Guidelines	11/2/2026
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Carelon Guidelines	11/2/2026
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Carelon Guidelines	11/2/2026
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	Carelon Guidelines	11/2/2026
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	Carelon Guidelines	11/2/2026
77084	MRI BONE MARROW BLOOD SUPPLY	Carelon Guidelines	11/2/2026
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Carelon Guidelines	11/2/2026
78430	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Carelon Guidelines	11/2/2026
78431	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT	Carelon Guidelines	11/2/2026
78432	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Carelon Guidelines	11/2/2026
78433	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	Carelon Guidelines	11/2/2026
78451	HT MUSCLE IMAGE SPECT SING	Carelon Guidelines	11/2/2026
78452	HT MUSCLE IMAGE SPECT MULT	Carelon Guidelines	11/2/2026
78453	HT MUSCLE IMAGE PLANAR SING	Carelon Guidelines	11/2/2026
78454	HT MUSC IMAGE PLANAR MULT	Carelon Guidelines	11/2/2026
78459	MYOCRD IMG PET METAB EVAL SINGLE STUDY	Carelon Guidelines	11/2/2026
78491	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS	Carelon Guidelines	11/2/2026
78492	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS	Carelon Guidelines	11/2/2026
78608	BRAIN IMAGING (PET)	Carelon Guidelines	11/2/2026
78609	BRAIN IMAGING (PET)	Carelon Guidelines	11/2/2026
78811	PET IMAGE LTD AREA	Carelon Guidelines	11/2/2026
78812	PET IMAGE SKULL-THIGH	Carelon Guidelines	11/2/2026
78813	PET IMAGE FULL BODY	Carelon Guidelines	11/2/2026
78814	PET IMAGE W/CT LMTD	Carelon Guidelines	11/2/2026
78815	PET IMAGE W/CT SKULL-THIGH	Carelon Guidelines	11/2/2026
78816	PET IMAGE W/CT FULL BODY	Carelon Guidelines	11/2/2026
C8900	MR ANGIOGRAPHY W/CONTRAST ABDOMEN	Carelon Guidelines	11/2/2026
C8901	MR ANGIOGRAPHY WITHOUT CONTRST ABD	Carelon Guidelines	11/2/2026
C8902	MR ANGIO W/O CONTRST W/CONTRST ABD	Carelon Guidelines	11/2/2026

Carelon Codes	Code Description	Clinical Reference	Effective Date
C8903	MR IMAGING W/CONTRAST BREAST; UNI	Carelon Guidelines	11/2/2026
C8905	MR NO CONTRST FLW W/CNTRST BRST;UNI	Carelon Guidelines	11/2/2026
C8906	MR IMAGING W/CONTRST BREAST; BIL	Carelon Guidelines	11/2/2026
C8908	MR NO CONTRST FLW CNTRST BRST; BIL	Carelon Guidelines	11/2/2026
C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	Carelon Guidelines	11/2/2026
C8910	MR ANGIO WITHOUT CONTRST CHEST	Carelon Guidelines	11/2/2026
C8911	MR ANGIO NO CONTRST FLW CNTRST CHST	Carelon Guidelines	11/2/2026
C8912	MR ANGIO W/CONTRST LOWER EXTREMITY	Carelon Guidelines	11/2/2026
C8913	MR ANGIO WITHOUT CONTRST LOW EXTREM	Carelon Guidelines	11/2/2026
C8914	MR ANGIO NO CNTRST FLW CON LW EXTRM	Carelon Guidelines	11/2/2026
C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Carelon Guidelines	11/2/2026
C8919	MRA WITHOUT CONTRAST PELVIS	Carelon Guidelines	11/2/2026
C8920	MRA NO CONTRST FLWED W/CONTRST PELV	Carelon Guidelines	11/2/2026
C8931	MRA W/CONTRST SPINAL CANAL CONTENTS	Carelon Guidelines	11/2/2026
C8932	MRA W/O CONTRST SP CANAL CONTENTS	Carelon Guidelines	11/2/2026
C8933	MRA NO CONTRST CONTRST SP CANAL CNT	Carelon Guidelines	11/2/2026
C8934	MRA WITH CONTRAST UPPER EXTREMITY	Carelon Guidelines	11/2/2026
C8935	MRA WITHOUT CONTRST UPPER EXTREMITY	Carelon Guidelines	11/2/2026
C8936	MRA NO CONTRST FLW W/CONTRST UP EXT	Carelon Guidelines	11/2/2026
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Carelon Guidelines	11/2/2026
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	Carelon Guidelines	11/2/2026