

New payment policy – Ab-Pelvis CT

Blue Shield of California Promise Health Plan (Blue Shield Promise) has established a new payment policy for Ab-Pelvis CT reimbursement. The policy requires all CT scans of the abdomen and pelvis to be billed with specific diagnosis codes appropriately associated to each CT service, as displayed on the table below, to be eligible for reimbursement. This follows coding guidelines provided by the Center for Medicare & Medicaid Services (CMS).

Code(s)	Description
72192	CT Pelvis without contrast
72193	CT Pelvis with contrast
72194	CT Pelvis without contrast followed by with contrast
74150	CT Abdomen without contrast
74160	CT Abdomen with contrast
74170	CT Abdomen without contrast followed by with contrast
74176	CT Abdomen and Pelvis without contrast
74177	CT Abdomen and Pelvis with contrast
74178	CT Abdomen and Pelvis without contrast followed by with contrast

Effective May 15, 2026, these guidelines will be enforced by Blue Shield Promise and Ab-Pelvis CT claims submitted that do not contain a valid diagnosis code as specified by the policy may be subject to denial.

The Ab-Pelvis CT payment policy has been posted in its entirety on the *Blue Shield Promise payment policies* page of the Blue Shield Provider Connection website (see link below).

Should you have any questions about these Ab-Pelvis CT billing requirements, please contact our Blue Shield Promise Provider Customer Service team at (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.

Resources

[Blue Shield Promise Ab/Pelvis CT Payment Policy](#) (login required to open policy document)

[Required Diagnosis List: Billing and Coding: CT of the Abdomen and Pelvis \(CMS Article A56421\)](#)

[Local Coverage Determination: CT of the Abdomen and Pelvis \(LCD L34415\)](#)