Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

EviCore

By EVERNORTH (Administered by EviCore by EVERNORTH)



Number: RP20240021

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EmblemHealth follows coding edits that are based on industry sources, including, but not limited to, CPT[®] guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Guidelines:

EviCore

Radiology_Cardiology_Ultrasound Bundling Rules 2024

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70486	CT maxillofacial WO	70450	CT head WO		
70487	CT maxillofacial W	70460	CT head W	When a code from	100% of the procedure
70488	CT maxillofacial W/WO	70470	CT head W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
	1		1		
70490	CT soft tissue neck WO	70450	CT head WO		
70491	CT soft tissue neck W	70460	CT head W		
70492	CT soft tissue neck W/WO	70470	CT head W/WO	When a code from column A is billed with a code from column B	100% of the procedure with the highest RVU, 50% of the second
	1				I
70490	CT soft tissue neck WO	70486	CT maxillofacial WO		
70491	CT soft tissue neck W	70487	CT maxillofacial W	When a code from	100% of the procedure
70492	CT soft tissue neck W/WO	70488	CT maxillofacial W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
	1		Γ	-	1
70490	CT of the Neck WO	71250	CT thorax WO		
70491	CT of the Neck W	71260	CT thorax W	When a code from	100% of the procedure
70492	CT of the Neck W/WO	71270	CT thorax W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
70490	CT soft neck tissue WO				
70486	CT maxillofacial WO				100% of the highest RVU
70450	CT head WO			When all three are billed together	, 50% of the second and 25% of the third
70491	CT soft neck tissue W				
70487	CT maxillofacial W				100% of the procedure with the highest RVU ,
70460	CT head W			When all three are billed together	50% of the second and 25% of the third

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70492	CT soft neck tissue W/WO					
70488	CT maxillofacial W/WO			When all three are billed together	100% of the procedure with the highest RVU, 50% of the second and 25% of the third	
70470	CT head W/WO					
74176	CT abd & pelvis WO	71250	CT thorax WO			
74177	CT abd & pelvis W	71260	CT thorax W	When a code from column A is billed with a code from column B	100% of the procedure with the highest RVU, 50% of the second	
4178		71270	CT thorax W/WO			
74176	CT abd & pelvis WO	70490	CT neck WO			
74177	CT abd & pelvis W CT abd & pelvis W/WO	70491 70492	CT Neck W CT Neck W/WO	When a code from column A is billed with a code from column B	100% of the procedure with the highest RVU, 50% of the second	
74176	CT abd & pelvis WO	71250 70490	CT thorax WO CT neck WO	When a code from	100% of the procedure with the highest RVU,	
74177	CT abd & pelvis W	71260 70490	CT thorax W CT neck WO	column A is billed with a pair of codes from column B	50% of the second and 25% of the third	
74178	CT abd & pelvis W/WO	71270 70490	CT thorax W/WO CT neck WO			

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
74176	CT abd & pelvis WO	71250 70491	CT thorax W0 CT neck W	When a code from	100% of the procedure
74177	CT abd & pelvis W	71260 70491	CT thorax W CT neck W	When a code from column A is billed with a pair of codes from column B	with the highest RVU, 50% of the second and 25% of the third
74178	CT abd & pelvis W/WO	71270 70491	CT thorax W/WO CT neck W		
74176	CT abd & pelvis WO	71250 70492	CT thorax WO CT neck W		100% of the procedure with the highest RVU, 50% of the second and 25% of the third
74177	CT abd & pelvis W	71260 70492	CT thorax W CT neck W	When a code from column A is billed with a pair of codes from column B	
74178	CT abd & pelvis W/WO	71270 70492	CT thorax W/WO CT neck W		
70490	CT soft tissue neck WO	71250 72192	CT chest WO CT pelvis WO	When a code from	100% of the procedure with the highest RVU, 50% of the second and 25% of the third
70491	CT soft tissue neck W	71260 72192	CT Chest W CT pelvis WO	column A is billed with a pair of codes from column B	

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70492	CT soft tissue neck W/WO	71270 72192	CT chest W/WO CT pelvis WO		
70490	CT soft tissue neck WO	71250 72193	CT chest WO CT pelvis W		100% of the procedure
70491	CT soft tissue neck W	71260 72193	CT Chest W CT pelvis W	When a code from column A is billed with a pair of codes from column B	with the highest RVU, 50% of the second and 25% of the third
70492	CT soft tissue neck W/WO	71270 72193	CT chest W/WO CT pelvis W		
			1		
70490	CT soft tissue neck WO	71250 72194	CT chest WO CT pelvis W/WO		100% of the procedure
70491	CT soft tissue neck W	71260 72194	CT Chest W CT pelvis W/WO	When a code from column A is billed	with the highest RVU, 50% of the second and 25% of the third
70492	CT soft tissue neck W/WO	71270 72194	CT chest W/WO CT pelvis W/WO	with a pair of codes from column B	
70490	CT soft tissue neck WO	71250 74150	CT chest WO CT abd WO		100% of the procedure
70491	CT soft tissue neck W	71260 74150	CT Chest W CT abd WO	When a code from column A is billed with a pair of codes from column B	with the highest RVU, 50% of the second and 25% of the third

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70492	CT soft tissue neck W/WO	71270 74150	CT chest W/WO CT abd WO		
70490	CT soft tissue neck WO	71250 74160	CT chest WO CT abd W		
70491	CT soft tissue neck W	71260 74160	CT Chest W CT abd W	codes from column B	100% of the procedure wit the highest RVU, 50% of the second and 25% of the third
70492	CT soft tissue neck W/WO	71270 74160	CT chest W/WO CT abd W		
					<u> </u>
70490	CT soft tissue neck WO	71250 74170	CT chest WO CT abd W/WO	When a code from	100% of the procedure with the highest RVU, 50% of the second and 25% of the third
70491	CT soft tissue neck W	71260 74170	CT Chest W CT abd W/WO	column A is billed with a pair of codes from column B	
70492	CT soft tissue neck W/WO	71270 74170	CT chest W/WO CT abd W/WO		

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
72128	CT thoracic spine WO	72131	CT lumbar spine W		
72129	CT thoracic spine WO	72132	CT lumbar spine WO	When a code from	100% of the procedure
72130	CT thoracic spine W/WO	72133	CT lumbar spine W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
70450	CT head WO	71250 70490	CT thorax WO CT neck WO	When a code from	100% of the procedure with the highest RVU,
70460	CT head W	71260 70490	CT thorax W CT neck WO	 column A is billed with a pair of codes from column B 	50% of the second and 25% of the third
70470	CT head W/WO	71270 70490	CT thorax W/WO CT neck WO	_	
70450	CT head WO	71250 70491	CT thorax W0 CT neck W		100% of the procedure
70460	CT head W	71260 70491	CT thorax W CT neck W	When a code from column A is billed with a pair of codes from column B	with the highest RVU, 50% of the second and 25% of the third
70470	CT head W/WO	71270 70491	CT thorax W/WO CT neck W		
70450	CT head WO	71250 70492	CT thorax WO CT		

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70460	CT head W	71260 70492	neck W CT thorax W CT neck W	When a code from column A is billed with a pair of codes from column B	100% of the procedure with the highest RVU, 50% of the second and 25% of the third
70470	CT head W/WO	71270 70492	CT thorax W/WO CT neck W		
70540	MRI orbit, face, and/or neck WO	70547	MRA neck WO		
70542	MRI orbit, face, and/or neck W	70548	MRA neck W	When a code from column A is billed with a code from	100% of the procedure with the highest RVU, 50% of the second
70543	MRI orbit, face, and/or neck W/WO	70549	MRA neck W/WO	column B	
70551	MRI brain (and stem) WO	70540	MRI orbit face neck WO		
70552	MRI brain (and stem) W	70542	MRI orbit face neck W	When a code from column A is billed	100% of the procedure with the highest RVU, 50% of the second
70553	MRI brain (and stem) W/WO	70543	MRI orbit face neck W/WO	with a code from column B	
				1	1
70551	MRI brain (and stem) WO	70544	MRA head WO	_	
70552	MRI brain (and stem) W	70545	MRA head W	When a code from column A is billed with a code from column B	100% of the procedure with the highest RVU, 50% of the second
70553	MRI brain (and stem) W/WO	70546	MRA head W/WO		
	1				
70551	MRI brain (and stem) WO	70547	MRA neck WO		

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70552	MRI brain (and stem) W	70548	MRA neck W	When a code from	100% of the procedure
70553	MRI brain (and stem) W/WO	70549	MRA neck W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
71250	CT thorax WO	72192	CT pelvis WO		
71260	CT thorax W	72193	CT pelvis W	When a code from	100% of the procedure
71270	CT thorax W/WO	72194	CT pelvis W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
71250	CT thorax WO	74150	CT abd WO		
71260	CT thorax W	74160	CT abd W		100% of the procedure with the highest RVU, 50% of the second
71270	CT thorax W/WO	74170	CT abd W/WO	When a code from column A is billed with a code from column B	
					1
72141	MRI C-spine WO				
72146	MRI T-spine WO				100% of the procdedure
72148	MRI L-spine WO			When all three are billed together	with the highest RVU, 50% of the second and 25% of the third
					1
72142	MRI C-spine W				
72147	MRI T-spine W				100% of the procedure
72149	MRI L-spine W			When all three are billed together	with the highest RVU, 50% of the second and 25% of the third
			1		1
72156	MRI C-spine W/WO				

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
72157	MRI T-spine W/WO				
72158	MRI L-spine W/WO			When all three are billed together	100% of the procedure with the highest RVU, 50% of the second and 25% of the third
					1
72141	MRI C-spine WO	72146	MRI T-spine WO		
72142	MRI C-spine W	72147	MRI T-spine W	When a code from	100% of the procedure
72156	MRI C-spine W/WO	72157	MRI T-spine W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the second
	1		1		1
72146	MRI T-spine WO	72148	MRI L-spine WO		
72147	MRI T-spine W	72149	MRI L-spine W	When a code from	100% of the procedure with the highest RVU, 50% of the second
72157	MRI T-spine W/WO	72158	MRI L-spine W/WO	column A is billed with a code from column B	
	1		1		1
72148	MRI L-spine WO	72141	MRI C-spine WO		100% of the procedure
72149	MRI L-spine W	72142	MRI C-spine W	When a code from	
72158	MRI L-spine W/WO	72156	MRI C-spine W/WO	column A is billed with a code from column B	with the highest RVU, 50% of the
72100		72100		Column B	second
72195	MRI pelvis WO	74181	MRI abd WO		
72196	MRI pelvis W	74182	MRI abd W	When a code from column A is billed with a code from column B	100% of the procedure
72197	MRI pelvis W/WO	74183	MRI abd W/WO		with the highest RVU, 50% of the second
					1
72156	MRI C-spine W/WO				

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72158	MRI L-spine W/WO				
72147	MRI T-spine W			When column A codes are billed together	100% of the procedure with the highest RVU, 50% of the second and 25% of the third
72158	MRI L-spine W/WO				
72142	MRI C-spine W				100% of the procedure
72147	MRI T-spine W			When column A codes are billed together	with the highest RVU, 50% of the second and 25% of the third
72158	MRI L-spine W/WO				
72147	MRI T-spine W				100% of the procedure with the highest RVU,
72141	MRI C-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72156	MRI C-spine W/WO				
72158	MRI L-spine W/WO				100% of the procedure with the highest RVU,
72146	MRI T-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72158	MRI L-spine W/WO				
72157	MRI T-spine W/WO				100% of the procedure with the highest RVU,
72142	MRI Spine W			When column A codes are billed together	50% of the second and 25% of the third
72158	MRI L-spine W/WO				
					100% of the procedure

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72157	MRI T-spine W/WO			When column A codes are billed together	with the highest RVU, 50% of the second and 25% of the third
72141	MRI C-spine WO				
72158	MRI L-spine W/WO				
72142	MRI C-spine W				100% of the procedure with the highest RVU,
72146	MRI T-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72158	MRI L-spine W/WO				
72146	146 MRI T-spine WO			When column A codes are	100% of the procedure with the highest
				billed together	RVU, 50% of the second and 25% of the third
72141	MRI C-spine WO				
72156	MRI C-spine W/WO				
72157	MRI T-spine W/WO				100% of the procedure with the highest RVU,
72149	MRI L-spine W			When column A codes are billed together	50% of the second and 25% of the third
72157	MRI T-spine W/WO				
72142	MRI C-spine W				100% of the procedure with the highest RVU,
72149	MRI L-spine W			When column A codes are billed together	50% of the second and 25% of the third

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72157	MRI T-spine W/WO				
72149	MRI L-spine W				100% of the procedure with the highest RVU,
72141	MRI C-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72156	MRI C-spine W/WO				
72149	MRI L-spine W				100% of the procedure
72147	MRI T-spine W			When column A codes are billed together	with the highest RVU, 50% of the second and 25% of the third
72149	MRI L-spine W				
72147	MRI T-spine W				100% of the procedure with the highest RVU,
72141	MRI C-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72156	MRI C-spine W/WO				
72149	MRI L-spine W				100% of the procedure with the highest RVU,
72146	MRI T-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72142	MRI C-spine W				
72149	MRI L-spine W				100% of the procedure with the highest RVU,
72146	MRI T-spine WO			When column A codes are billed together	50% of the second and 25% of the third

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
			[1
72149	MRI L-spine W				
72146	MRI T-spine WO				100% of the procedure with the highest RVU,
72141	MRI C-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72156	MRI C-spine W/WO				
72157	MRI T-spine W/WO				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72157	MRI T-spine W/WO				
72142	MRI C-spine W				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72157	MRI T-spine W/WO				100% of the procedure
72141	MRI C-spine WO				100% of the procedure with the highest RVU, 50% of the second and
72148	MRI L-spine WO			When column A codes are billed together	25% of the third
72156	MRI C-spine W/WO				
72147	MRI T-spine W				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
72142	MRI C-spine W				
72147	MRI T-spine W				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
				1	
72147	MRI T-spine W				
72141	MRI Spine WO				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72156	MRI C-spine W/WO				
72146	MRI T-spine WO				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
72142	MRI C-spine W				
72146	MRI T-spine WO				100% of the procedure with the highest RVU,
72148	MRI L-spine WO			When column A codes are billed together	50% of the second and 25% of the third
73218	MRI Upper Extremity other than joint WO	73221	MRI any joint upper extremity WO		
73219	MRI Upper Extremity other than joint W	73222	MRI any joint upper extremity W	When a code from column A is billed	100% of the procedure with the highest
	MRI Upper Extremity other than joint W/WO		MRI any joint upper extremity	with a code from column B	RVU, 75% of the second

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
73220		73223	W/WO		
			1	1	1
73718	MRI lower extremity other than joint WO	73721	MRI any joint lower extremity WO	,	
73719	MRI lower extremity other than joint W contrast	73722	MRI any joint lower extremity W	When a code from column A is billed with a code from	100% of the procedure with the highest RVU, 75% of the
73720	MRI lower extremity other than joint W/WO	73723	MRI any joint lower extremity W/WO	column B	second
	1				
72197	MRI pelvis W/WO			-	
72198	MRA pelvis W or WO			-	100% of 72198, 50% of
73725	MRA lower extremity W or WO			When any combination is billed together	73725, 0% of 72197
			1		
72198	MRA pelvis W or WO			_	
74185	MRA abdomen W or WO				100% of the procedure with the highest RVU,
73725	MRA lower extremity W/WO			When any combination is billed together	50% of the second and 50% of the third
	1		1		I
70544	MRA head WO	70547	MRA neck WO		
70545	MRA head W	70548	MRA neck W	When a code from	100% of the procedure
70546	MRA head W/WO	70549	MRA neck W WO	column A is billed with a code from column B	with the highest RVU, 75% of the second
	<u> </u>		1		
70544	MRA head WO	70547 70551	MRA neck WO MRI brain and stem WO	-	
		70547	MRA neck WO		

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70545	MRA head W	70552	MRI brain and stem W	When a column A code is billed with a pair	100% of the procedure with the highest RVU,
70546	MRA head W/WO	70547 70553	MRA neck WO MRI brain and stem W/WO	of codes from column B	75% of the second and 50% of third
			1		
70544	MRA head WO	70548 70551	MRA neck W MRI brain and stem WO		
70545	MRA head W	70548 70552	MRA neck W MRI brain and stem W	When a column A code	100% of the procedure
70546	MRA head W/WO	70548 70553	MRA neck W MRI brain and stem W/WO	is billed with a pair of codes from column B	with the highest RVU, 75% of the second and 50% of third
			1	1	
70544	MRA head WO	70549 70551	MRA neck W/WO MRI brain and stem WO		
70545	MRA head W	70549 70552	MRA neck W/WO MRI brain and stem W	When a column A code is billed with a pair	100% of the procedure with the highest RVU, 75% of the second and 50% of third
70546	MRA head W/WO	70549 70553	MRA neck W/WO MRI brain and stem W/WO	of codes from column B	
	1		1	1	Γ
70496	Computed tomographic angiography head				
70498	Computed tomographic angiography neck				
71275	Computed tomographic angiography (noncoronary) chest			When any combination of column A codes are billed	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
73206	Computed tomographic angiography upper extremity				
74175	Computed tomographic angiography abdomen				

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
70496	Computed tomographic angiography head				
70498	Computed tomographic angiography neck				
71275	Computed tomographic angiography (noncoronary) chest			When any combination of column A	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
73206	Computed tomographic angiography upper extremity			codes are billed	
75635	Computed tomographic angiography abdominal aorta				
70496	Computed tomographic angiography head				
70498	Computed tomographic angiography neck				
71275	Computed tomographic angiography (noncoronary) chest			When any combination of column A	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
73206	Computed tomographic angiography upper extremity			codes are billed	
73706	Computed tomographic angiography lower extremity				

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
	Computed				
70496	tomographic angiography head				
70498	Computed tomographic angiography neck				
71275	Computed tomographic angiography (noncoronary) chest			When any combination of column A	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
73206	Computed tomographic angiography upper extremity			codes are billed	
74174	Computed tomographic angiography abdomen and pelvis				
70496	Computed tomographic angiography head				
70498	Computed tomographic angiography neck				
71275	Computed tomographic angiography (noncoronary) chest			When any combination of column A	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
73206	Computed tomographic angiography upper extremity			codes are billed	
72191	Computed tomographic angiography pelvis				

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78306	Bone and/or joint imaging; limited area			When billed	100% of the procedure with the highest RVU, 50% of the
78315	Bone and/or joint imaging; 3 phase study			together	second
76816	Ultrasound pregnant uterus, follow up, trans abd approach, per fetus				
76817	Ultrasound pregnant uterus, transvaginal				
76819	Fetal biophysical profile W/O non-stress			When any combination	100% of the procedure with the highest RVU, 50% of the second and 25% of the third or more
76820	Doppler velocimetry, fetal; umbilical artery			of column A codes are billed	
76821	Doppler velocimetry, fetal; middle cerebral artery				
	1			1	
76816	Ultrasound pregnant uterus, follow up, trans abd approach, per fetus				
76817	Ultrasound pregnant uterus, transvaginal				
76818	Fetal biophysical profile W non-stress			When any combination	100% of the procedure with the highest RVU, 50% of the second and
76820	Doppler velocimetry, fetal; umbilical artery			of column A codes are billed	25% of the third or more
76821	Doppler velocimetry, fetal; middle cerebral artery				

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76770	Ultrasound, retroperitoneal, complete				
76830	Ultrasound, transvaginal			When any combination	100% of the procedure with the highest RVU,
76705	Ultrasound, abdominal, limited			of column A codes are	50% of the second and 25% of the third or more
76857	Ultrasound, pelvic, nonobstetric, limited or f/up			billed	
76775	Ultrasound, retroperitoneal, limited	76857	Ultrasound, pelvic, nonobstetric, limited or f/up	When billed together	100% of 76775 and 25% of 76857*
	T			1	r
76805	US pregnant uterus after first tri. single or first gestation				
76820	Doppler velocimetry, fetal; umbilical artery			When any combination of column A codes are	100% of the procedure with the highest RVU, 50% of the second and
76819	Fetal biophysical profile W/O non-stress			billed	25% of the third
	1		T		
76805	US pregnant uterus after first tri. single or first gestation				
76820	Doppler velocimetry, fetal; umbilical artery			When any combination of column A codes are	100% of the procedure with the highest RVU, 50% of the second and
76818	Fetal biophysical profile W non-stress			billed	25% of the third
	<u></u>		T	1	Γ
76805	US pregnant uterus after first tri. single or first gestation				100% of the procedure

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Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76817	Ultrasound pregnant uterus, transvaginal			When billed together	with the highest RVU, 50% of the second
	1				[
76700	Ultrasound, adominal, complete				
76775	Ultrasound, retroperitoneal, limited				100% of the procedure
76830	Ultrasound, transvaginal			When any combination of column A codes are	with the highest RVU, 50% of the second and 25% of the third or more
76856	Ultrasound pelvic			billed	
	· · · · ·				
76830	Ultrasound, transvaginal				
76856	Ultrasound, pelvic, nonobstetric				100% of the procedure
76705	Ultrasound, abdominal, limited			When any combination of column A codes are	
76775	Ultrasound, retroperitoneal, limited			billed	
		L			
76770	Ultrasound, retroperitoneal, complete				
76830	Ultrasound, transvaginal				100% of the procedure
76705	Ultrasound, abdominal, limited			When any combination of column A codes are billed	with the highest RVU, 50% of the second and 25% of the third or more
76856	Ultrasound, transvaginal			billed	

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Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76770	Ultrasound, retroperitoneal, complete				
76830	Ultrasound, transvaginal				100% of the procedure
76705	Ultrasound, abdominal, limited			When any combination of column A codes are	with the highest RVU, 50% of the second and 25% of the third or more
76857	Ultrasound, pelvic, nonobstetric, limited or f/up			billed	
				·	
76705	Ultrasound, retroperitoneal, complete				
76700	Ultrasound, adominal, complete				
76770	Ultrasound, retroperitoneal, complete			When three or more of the codes from column A are billed	100% of 76700, 50% of 76775, 0% for 76705, 0% for 76770
76775	Ultrasound, retroperitoneal, limited				
	1				
76825	Echocardiography, fetal cardiovascular system				
76805	US pregnant uterus after first tri. single or first gestation			When all three are billed together	100% of the procedure with the highest RVU, 50% of the second and
76817	US pregnant uterus transvaginal				25% of the third

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Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76700	Ultrasound, adominal, complete				
76857	US pelvic limited			When any combination of column A	100% of the procedure with the highest RVU, 50% of the second and
76830	Ultrasound, transvaginal			codes are billed	25% of the third
76801	US pregnant uterus first tri single/first gestation				
76817	US pregnant uterus transvaginal			When any combination of column A codes are billed	100% of the procedure with the highest RVU, 50% of the second
	Doppler	76811	US pregnant uterus, single or first gestation	When the column A	100% of the procedure
76820	velocimetry, fetal; ^D umbilical artery	76815	US pregnant uterus limited	code is billed with a code from column B	with the highest RVU, 50% of the second
			1		
76820	Doppler velocimetry, fetal; umbilical artery				
76821	Doppler velocimetry, fetal; middle cerebral artery			When all three are billed together	100% of the procedurewith the highest RVU,50% of the second and25% of the third
76805	US pregnant uterus after first tri. single or first gestation				
76820	Doppler velocimetry, fetal; umbilical artery				
76821	Doppler velocimetry, fetal; middle cerebral artery			When all three are billed together	100% of the procedure with the highest RVU, 50% of the second and 25% of the third

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76811	US pregnant uterus, single or first gestation				
76816	US pregnant uterus follow up, trans abd approach, per fetus				
76820	Doppler velocimetry, fetal; umbilical artery				100% of the procedure
76821	Doppler velocimetry, fetal; middle cerebral artery			When any combination of column A codes are billed together	with the highest RVU,
76825	Echocardiogram fetal				
76821	Doppler velocimetry, fetal; middle cerebral artery				100% of the procedure
76825	Echocardiogram fetal			When any combination of column A codes are billed together	
76827	Doppler echocardiography fetal complete				
	1		1		
		76815 76818	US pregnant uterus limited Fetal biophysical profile W non-stress		
		76815 76819	US pregnant uterus limited Fetal biophysical profile WO non-stress		

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76820	76820 Doppler velocimetry, fetal; umbilical artery	76816 76819	US pregnant uterus follow up, trans abd approach, per fetus Fetal biophysical profile WO non-stress	When the column A code is billed with a pair of codes in column B	100% of the procedure with the highest RVU, 50% of the second and
		76816 76818	US pregnant uterus follow up, trans abd approach, per fetus Fetal biophysical profile W/ non-stress		25% of the third
76821	Doppler	76816 76818	US pregnant uterus follow up, trans abd approach, per fetus Fetal biophysical profile W/ non-stress	When the column A	100% of the procedure with the highest RVU,
	velocimetry, fetal; middle cerebral artery	76816 76819	US pregnant uterus follow up, trans abd approach, per fetus Fetal biophysical profile WO non-stress		50% of the second and 25% of the third
		76805	US pregnant uterus after first tri. single or first gestation		
		76811	US pregnant uterus, single or first gestation		
76821	Doppler	76812	US pregnant uterus, each additional gestation	When the column A	100% of the procedure
10021	velocimetry, fetal; middle cerebral artery	76816	US pregnant uterus follow up, trans abd approach, per fetus	code is billed with a code from column B	with the highest RVU, 50% of the second highest
			1	1	
76825	Echocardiogram fetal				

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76827	Doppler echocardiography fetal complete			When billed together	100% of the highest RVU, 50% of the second highest
76825	Echocardiogram fetal				100% of the highest
76828	Doppler echocardiography fetal follow up or repeat study			When billed together	RVU, 50% of the second highest
76826	Echocardiogram fetal, follow-up				100% of the highest RVU, 50% of the
6828	Doppler echocardiography fetal follow up or repeat study				second highest
76827	Doppler echocardiography fetal complete			When billed	100% of the highest RVU, 50% of the second
76826	Echocardiogram fetal, follow-up or repeat study			together	highest
					I
		76376	3D W int and rpt of ct, mire, ultrasound, etc.	When a code from	100% of the highest
	Saline inf	76377	3D W int and rpt of CT, MRI, ultrasound,	column A is billed with a code from	RVU, 50% of the second

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
76816	Ultrasound pregnant uterus, follow up, trans abd approach, per fetus				
76817	Ultrasound pregnant uterus, transvaginal				
76819	Fetal biophysical profile W/O non-stress			When any combination of column A codes	,
76826	Echocardiogram fetal, follow-up			are billed together	second and 25% of the third or more
76828	Doppler echocardiography fetal follow up or repeat study				
76811	US pregnant uterus, single or first gestation				
76817	US pregnant uterus transvaginal			When any combination of column A codes are	100% of the highest RVU, 50% of the second and 25% of
76820	Doppler velocimetry, fetal; umbilical artery			billed	the third
76816	Ultrasound pregnant uterus, follow up, trans abd approach, per fetus				
76828	Doppler echocardiography fetal follow up or repeat study			When any combination of column A codes are billed	100% of the highest RVU, 50% of the second and 25% of the third
76818	Fetal biophysical profile W non-stress				
76817	US pregnant uterus transvaginal				100% of the highest

Reimbursement Policy:

Radiology-Cardiology Bundling Rules (Commercial & Medicaid)

EviCore _{By EVERNORTH} (Administered by EviCore by EVERNORTH)

76813 US pregnant uterus When billed together When billed together the sec 76817 US pregnant uterus transvaginal 100% of the highes RVU, 5 the sec 76815 US pregnant uterus limited 100% of the highes RVU, 5 the sec 76816 US pregnant uterus 100% of the highes RVU, 5 the sec 76817 US pregnant uterus 100% of the highes RVU, 5 the sec 76817 US pregnant uterus 100% of the highes RVU, 5 the sec 76817 US pregnant uterus 70540 MRI 70540 MRI orbit, face, neck, WO contrast 70540 MRI orbit, face, neck, WO contrast 100% for the PE 73218** 71550 MRI chest, WO contrast 100% for the PE exam, 50% for the with the highest R and 25% for an d 25% for an	Code	Code Description	Code	Code Description	Rule	Formula Used for Reimbursement
Transvaginal When billed together Normalian When billed together RVU, 5 the sec 76815 US pregnant uterus limited V When billed together RVU, 5 the sec PET / MRI PET imaging; skull 78812 PET imaging; skull 72195 MRI pelvis WO contrast 72195 MRI pelvis WO contrast When the code from column A is billed with one or more codes 100% for the PE exam, 50% for the with the highest R and 25% for an	76813	US pregnant uterus				RVU, 50% of the second
Transvaginal When billed together Normalian 76815 US pregnant uterus limited When billed together RVU, 5 the sec PET / MRI The following rule will apply where PET/MRI exams are authorized: 70540 MRI orbit, face, neck, WO contrast 70540 MRI orbit, face, neck, WO contrast 71550 MRI chest, WO contrast 71550 MRI pelvis WO contrast 71550 MRI pelvis WO contrast 71550 MRI pelvis WO contrast 72195 MRI pelvis WO contrast MRI lower extremity (other column A is billed with one or more codes mail apply MRI lower extremity (other remaining)						
Total The following rule will apply where PET/MRI exams are authorized: The following rule will apply where PET/MRI exams are authorized: MRI 70540 MRI orbit, face, neck, WO contrast 78812 70540 MRI orbit, face, neck, WO contrast 71550 MRI chest, WO contrast 71550 MRI chest, WO contrast 71550 MRI chest, WO contrast 71950 MRI chest, WO contrast 71950 MRI pelvis WO contrast 71000 MRI pelvis WO contrast 71000 MRI pelvis WO contrast 71000 MRI pelvis WO contrast	76817		-			100% of the highest RVU, 50% of
MRI 70540 MRI orbit, face, neck, WO contrast 78812 70540 MRI orbit, face, neck, WO contrast 78812 PET imaging; skull base to thigh 71550 71550 MRI chest, WO contrast 71550 MRI chest, WO contrast 71550 MRI chest, WO contrast 71550 MRI pelvis WO contrast 71550 MRI pelvis WO contrast 74181 MRI pelvis WO contrast 72195 MRI pelvis WO contrast 0 mRI lower extremity (other top ioint). WO contrast 0 more codes from column A is billed with one or more codes from column B.	76815					the second
MRI 70540 MRI orbit, face, neck, WO contrast 78812 PET imaging; skull 71550 MRI chest, WO contrast 71550 MRI chest, WO contrast 71550 71811 MRI abdomen, WO contrast 100% for the PE exam, 50% for the with the highest R and 25% for an	PET /	The following rule wi	ll apply w	here PET/MRI exams are a	uthorized:	
78812 PET imaging; skull base to thigh ⁷¹⁵⁵⁰ MRI chest, WO contrast ⁷¹⁵⁵⁰ MRI chest, WO contrast ⁷¹⁵⁵⁰ MRI chest, WO contrast 78812 PET imaging; skull base to thigh ⁷⁴¹⁸¹ MRI abdomen, WO contrast ^{100%} for the PE 72195 MRI pelvis WO contrast ^{100%} for the PE ^{100%} for the PE 72195 MRI pelvis WO contrast ^{100%} for the PE ^{100%} for the PE 72195 MRI pelvis WO contrast ^{100%} for the PE ^{100%} for the PE 72195 MRI pelvis WO contrast ^{100%} for the PE ^{100%} for the PE 810 ¹⁰⁰ for the PE ¹⁰⁰ for the PE ^{100%} for the PE	-	The following fulle wi				
78812 PET imaging; skull base to thigh 74181 MRI chest, WO contrast 71550 MRI chest, WO contrast 100% for the PE exam, 50% for the column A is billed with one or more codes for and 25% for an ad 25% for add 25% for ad 25% for add 25% for			70540			
78812 PET imaging; skull base to thigh 74181 MRI abdomen, WO contrast 72195 MRI pelvis WO contrast 100% for the PE exam, 50% for the column A is billed with one or more codes MRI lower extremity (other then init) MRI lower extremity (other then init) 0 and 25% for an and 25% f			73218*'	MRI upper extremity, other than joint, WO contrast		
78812 PET Imaging, skull base to thigh 72195 MRI pelvis WO contrast When the code from column A is billed with one or more codes 100% for the PE exam, 50% for the with the highest R and 25% for an			71550	MRI chest, WO contrast		
72195 MRI pelvis WO contrast MRI lower extremity (other then initial) WO contrast from column A is billed with one or more codes and 25% for an	78812		74181	MRI abdomen, WO contrast		
MRI lower extremity (other one or more codes and 25% for an		base to thigh	72195	MRI pelvis WO contrast		100% for the PET exam, 50% for the MRI
additional MRIs we contract when containing additional MRIs we lessor RVUs			73718**	MRI lower extremity (other then joint), WO contrast		and 25% for any additional MRIs with

Revision history

DATE	REVISION
11/2024	 Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number