



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Review Date: July 2025

Number: RP20240020

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpage on emblemhealth.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

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.

REVISION HISTORY

Guidelines:



Radiology_Cardiology_Ultrasound Frequency Rules 2025

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
33016		Pericardiocentesis, including imaging guidance, when performed				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By ~~EVERNORTH~~

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
33017		Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly				1
33018		Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly				1
33019		Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance				1
70010		Myelography, posterior fossa, radiological supervision and interpretation				1
70015		Cisternography, positive contrast, radiological supervision and interpretation				1
70030		Radiologic examination, eye, for detection of foreign body	x			2
70100		Radiologic examination, mandible; partial, less than 4 views				2
70110		Radiologic examination, mandible; complete, minimum of 4 views				2
70120		Radiologic examination, mastoids; less than 3 views per side	x			2
70130		Radiologic examination, mastoids; complete, minimum of 3 views per side	x			2
70134		Radiologic examination, internal auditory meati, complete				1
70140		Radiologic examination, facial bones; less than 3 views				2
70150		Radiologic examination, facial bones; complete, minimum of 3 views				1
70160		Radiologic examination, nasal bones, complete, minimum of 3 views				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
70170		Dacryocystography, nasolacrimal duct, radiological supervision and interpretation				2
70190		Radiologic examination; optic foramina	x			2
70200		Radiologic examination; orbits, complete, minimum of 4 views				2
70210		Radiologic examination, sinuses, paranasal, less than 3 views				1
70220		Radiologic examination, sinuses, paranasal, complete, minimum of 3 views				1
70240		Radiologic examination, sella turcica				1
70250		X-ray of skull, fewer than 4 views				2
70260		Radiologic examination, skull; complete, minimum of 4 views				1
70328		Radiologic examination, temporomandibular joint, open and closed mouth; unilateral				1
70330		Radiologic examination, temporomandibular joint, open and closed mouth; bilateral				1
70332		Temporomandibular joint arthrography, radiological supervision and interpretation	x			2
70336		Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)				1
70360		Radiologic examination; neck, soft tissue				2
70370		Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique				1
70371		Complex dynamic pharyngeal and speech evaluation by cine or video recording				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
70380		Radiologic examination, salivary gland for calculus				2
70390		Sialography, radiological supervision and interpretation				2
70450		Computed tomography, head or brain; without contrast material				3
70460		Computed tomography, head or brain; with contrast material(s)				1
70470		Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections				2
70480		Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material				1
70481		Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)				1
70482		Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections				1
70486		Computed tomography, maxillofacial area; without contrast material				1
70487		Computed tomography, maxillofacial area; with contrast material(s)				1
70488		Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections				1
70490		Computed tomography, soft tissue neck; without contrast material				1
70491		Computed tomography, soft tissue neck; with contrast material(s)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
70492		Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections				1
70496		Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing				2
70498		Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing				2
70540		Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)				1
70542		Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)				1
70543		Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences				1
70544		Magnetic resonance angiography, head; without contrast material(s)				2
70545		Magnetic resonance angiography, head; with contrast material(s)				1
70546		Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences				1
70547		Magnetic resonance angiography, neck; without contrast material(s)				1
70548		Magnetic resonance angiography, neck; with contrast material(s)				1
70549		Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences				1
70551		Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
70552		Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)				2
70553		Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences				2
70554		Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration				1
70555		Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing				1
71045		Radiologic examination, chest; single view				4
71046		Radiologic examination, chest; 2 views				2
71047		Radiologic examination, chest; 3 views				2
71048		Radiologic examination, chest; 4 or more views				1
71100		Radiologic examination, ribs, unilateral; 2 views				2
71101		Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views				2
71110		Radiologic examination, ribs, bilateral; 3 views				1
71111		Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views				1
71120		Radiologic examination; sternum, minimum of 2 views				1
71130		Radiologic examination; sternoclavicular joint or joints, minimum of 3 views				1
71250		Computed tomography, thorax, diagnostic; without contrast material				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
71260		Computed tomography, thorax, diagnostic; with contrast material(s)				2
71270		Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections				1
71271		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)				1
71275		Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing				1
71550		Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)				1
71551		Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)				1
71552		Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences				1
71555		Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)				1
72020		Radiologic examination, spine, single view, specify level				4
72040		Radiologic examination, spine, cervical; 2 or 3 views				3
72050		Radiologic examination, spine, cervical; 4 or 5 views				1
72052		Radiologic examination, spine, cervical; 6 or more views				1
72070		Radiologic examination, spine; thoracic, 2 views				1
72072		Radiologic examination, spine; thoracic, 3 views				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
72074		Radiologic examination, spine; thoracic, minimum of 4 views				1
72080		Radiologic examination, spine; thoracolumbar junction, minimum of 2 views				1
72081		Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view				1
72082		Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views				1
72083		Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views				1
72084		Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views				1
72100		Radiologic examination, spine, lumbosacral; 2 or 3 views				2
72110		Radiologic examination, spine, lumbosacral; minimum of 4 views				1
72114		Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views				1
72120		Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views				1
72125		Computed tomography, cervical spine; without contrast material				1
72126		Computed tomography, cervical spine; with contrast material				1
72127		Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections				1
72128		Computed tomography, thoracic spine; without contrast material				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By ~~EVERNORTH~~ (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
72129		Computed tomography, thoracic spine; with contrast material				1
72130		Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections				1
72131		Computed tomography, lumbar spine; without contrast material				1
72132		Computed tomography, lumbar spine; with contrast material				1
72133		Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections				1
72141		Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material				1
72142		Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)				1
72146		Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material				1
72147		Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)				1
72148		Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material				1
72149		Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)				1
72156		Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical				1
72157		Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic				1
72158		Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By ~~EVERNORTH~~

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
72159		Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)				1
72170		Radiologic examination, pelvis; 1 or 2 views				2
72190		Radiologic examination, pelvis; complete, minimum of 3 views				1
72191		Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing				1
72192		Computed tomography, pelvis; without contrast material				1
72193		Computed tomography, pelvis; with contrast material(s)				1
72194		Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections				1
72195		Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)				1
72196		Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)				1
72197		Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences				1
72198		Magnetic resonance angiography, pelvis, with or without contrast material(s)				1
72200		Radiologic examination, sacroiliac joints; less than 3 views				2
72202		Radiologic examination, sacroiliac joints; 3 or more views				1
72220		Radiologic examination, sacrum and coccyx, minimum of 2 views				1
72240		Myelography, cervical, radiological supervision and interpretation				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
72255		Myelography, thoracic, radiological supervision and interpretation				1
72265		Myelography, lumbosacral, radiological supervision and interpretation				1
72270		Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation				1
72285		Discography, cervical or thoracic, radiological supervision and interpretation				4
72295		Discography, lumbar, radiological supervision and interpretation				5
73000		Radiologic examination; clavicle, complete	x	x		4
73010		Radiologic examination; scapula, complete	x	x		4
73020		Radiologic examination, shoulder; 1 view	x	x		4
73030		Radiologic examination, shoulder; complete, minimum of 2 views	x	x		4
73040		Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	x			2
73050		Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction		x		2
73060		Radiologic examination; humerus, minimum of 2 views	x	x		4
73070		Radiologic examination, elbow; 2 views	x	x		4
73080		Radiologic examination, elbow; complete, minimum of 3 views	x	x		4
73085		Radiologic examination, elbow, arthrography, radiological supervision and interpretation	x			2
73090		Radiologic examination; forearm, 2 views	x	x		4



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
73092		Radiologic examination; upper extremity, infant, minimum of 2 views	x	x		4
73100		Radiologic examination, wrist; 2 views	x	x		4
73110		Radiologic examination, wrist; complete, minimum of 3 views	x	x		4
73115		Radiologic examination, wrist, arthrography, radiological supervision and interpretation	x			2
73120		Radiologic examination, hand; 2 views	x	x		4
73130		Radiologic examination, hand; minimum of 3 views	x	x		4
73140		Radiologic examination, finger(s), minimum of 2 views	x	x		4
73200		Computed tomography, upper extremity; without contrast material	x			2
73201		Computed tomography, upper extremity; with contrast material(s)	x			2
73202		Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	x			2
73206		Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	x			2
73218		Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	x			2
73219		Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	x			2
73220		Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	x			2
73221		Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	x			2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
73222		Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	x			2
73223		Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	x			2
73225		Magnetic resonance angiography, upper extremity, with or without contrast material(s)	x			2
73501		Radiologic examination, hip, unilateral, with pelvis when performed; 1 view				2
73502		Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views				2
73503		Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views				2
73521		Radiologic examination, hips, bilateral, with pelvis when performed; 2 views				2
73522		Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views				2
73523		Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views				2
73525		Radiologic examination, hip, arthrography, radiological supervision and interpretation	x			2
73551		Radiologic examination, femur; 1 view		x		2
73552		Radiologic examination, femur; minimum 2 views	x	x		4
73560		Radiologic examination, knee; 1 or 2 views	x	x		4
73562		Radiologic examination, knee; 3 views	x	x		4
73564		Radiologic examination, knee; complete, 4 or more views	x	x		4



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
73565		Radiologic examination, knee; both knees, standing, anteroposterior		x		2
73580		Radiologic examination, knee, arthrography, radiological supervision and interpretation	x			2
73590		Radiologic examination; tibia and fibula, 2 views	x	x		4
73592		Radiologic examination; lower extremity, infant, minimum of 2 views	x	x		4
73600		Radiologic examination, ankle; 2 views	x	x		4
73610		Radiologic examination, ankle; complete, minimum of 3 views	x	x		4
73615		Radiologic examination, ankle, arthrography, radiological supervision and interpretation	x			2
73620		Radiologic examination, foot; 2 views	x	x		4
73630		Radiologic examination, foot; complete, minimum of 3 views	x	x		4
73650		Radiologic examination; calcaneus, minimum of 2 views	x	x		4
73660		Radiologic examination; toe(s), minimum of 2 views	x	x		4
73700		Computed tomography, lower extremity; without contrast material				2
73701		Computed tomography, lower extremity; with contrast material(s)	x			2
73702		Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	x			2
73706		Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	x			2
73718		Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	x			2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
73719		Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	x			2
73720		Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	x			2
73721		Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	x		x	3
73722		Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	x		x	2
73723		Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	x		x	2
73725		Magnetic resonance angiography, lower extremity, with or without contrast material(s)				2
74018		Radiologic examination, abdomen; 1 view				3
74019		Radiologic examination, abdomen; 2 views				2
74021		Radiologic examination, abdomen; 3 or more views				2
74022		Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest				2
74150		Computed tomography, abdomen; without contrast material				1
74160		Computed tomography, abdomen; with contrast material(s)				1
74170		Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections				1
74174		Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing				1
74175		Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
74176		Computed tomography, abdomen and pelvis; without contrast material				2
74177		Computed tomography, abdomen and pelvis; with contrast material(s)				2
74178		Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions				1
74181		Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)				1
74182		Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)				1
74183		Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences				1
74185		Magnetic resonance angiography, abdomen, with or without contrast material(s)				1
74190		Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation				1
74210		Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study				1
74220		Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study				1
74221		Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study				1
74230		Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
74235		Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation				1
74240		Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study				2
74246		Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered				1
74248		Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)				1
74250		Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study				1
74251		Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered				1
74261		Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material				1
74262		Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed				1
74263		Computed tomographic (CT) colonography, screening, including image postprocessing				1
74270		Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
74280		Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered				1
74301		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)				1
74328		Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation				1
74329		Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation				1
74330		Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation				1
74340		Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation				1
74355		Percutaneous placement of enteroclysis tube, radiological supervision and interpretation				1
74360		Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation				1
74363		Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation				2
74400		Urography (pyelography), intravenous, with or without KUB, with or without tomography				1
74410		Urography, infusion, drip technique and/or bolus technique;				1
74415		Urography, infusion, drip technique and/or bolus technique; with nephrotomography				1
74420		Urography, retrograde, with or without KUB				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
74425		Urography, antegrade, radiological supervision and interpretation				2
74430		Cystography, minimum of 3 views, radiological supervision and interpretation				1
74440		Vasography, vesiculography, or epididymography, radiological supervision and interpretation				1
74445		Corpora cavernosography, radiological supervision and interpretation				1
74450		Urethrocystography, retrograde, radiological supervision and interpretation				1
74455		Urethrocystography, voiding, radiological supervision and interpretation				1
74470		Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation				2
74485		Dilation of ureter(s) or urethra, radiological supervision and interpretation				2
74712		Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation				1
74713		Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)				2
74740		Hysterosalpingography, radiological supervision and interpretation				1
74742		Transcervical catheterization of fallopian tube, radiological supervision and interpretation				2
75557		Cardiac magnetic resonance imaging for morphology and function without contrast material;				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
75559		Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging				1
75561		Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;				1
75563		Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging				1
75565	***	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)				4
75571		Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium				1
75572		Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)				1
75573		Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)				1
75574		Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)				1
75580		Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
75600		Aortography, thoracic, without serialography, radiological supervision and interpretation				1
75605		Aortography, thoracic, by serialography, radiological supervision and interpretation				1
75625		Aortography, abdominal, by serialography, radiological supervision and interpretation				1
75630		Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation				1
75635		Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing				1
75705		Angiography, spinal, selective, radiological supervision and interpretation				20
75710		Angiography, extremity, unilateral, radiological supervision and interpretation				2
75716		Angiography, extremity, bilateral, radiological supervision and interpretation				1
75726		Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation				3
75731		Angiography, adrenal, unilateral, selective, radiological supervision and interpretation				1
75733		Angiography, adrenal, bilateral, selective, radiological supervision and interpretation				1
75736		Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation				2
75741		Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
75743		Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation				1
75746		Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation				1
75756		Angiography, internal mammary, radiological supervision and interpretation				2
75774		Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)				7
75801		Lymphangiography, extremity only, unilateral, radiological supervision and interpretation				1
75803		Lymphangiography, extremity only, bilateral, radiological supervision and interpretation				1
75805		Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation				1
75807		Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation				1
75809		Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVein shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation				1
75810		Splenoportography, radiological supervision and interpretation				1
75820		Venography, extremity, unilateral, radiological supervision and interpretation				2
75822		Venography, extremity, bilateral, radiological supervision and interpretation				1
75825		Venography, caval, inferior, with serialography, radiological supervision and Interpretation				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
75827		Venography, caval, superior, with serialography, radiological supervision and interpretation				1
75831		Venography, renal, unilateral, selective, radiological supervision and interpretation				1
75833		Venography, renal, bilateral, selective, radiological supervision and interpretation				1
75840		Venography, adrenal, unilateral, selective, radiological supervision and interpretation				1
75842		Venography, adrenal, bilateral, selective, radiological supervision and interpretation				1
75860		Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation				2
75870		Venography, superior sagittal sinus, radiological supervision and interpretation				1
75872		Venography, epidural, radiological supervision and interpretation				1
75880		Venography, orbital, radiological supervision and interpretation				1
75885		Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation				1
75887		Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation				1
75889		Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation				1
75891		Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation				1
75893		Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
75894		Transcatheter therapy, embolization, any method, radiological supervision and interpretation				2
75898		Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis				2
76000		Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time				3
76010		Radiologic examination from nose to rectum for foreign body, single view, child				2
76080		Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation				3
76098		Radiological examination, surgical specimen				3
76100		Radiologic examination, single plane body section (eg, tomography), other than with urography				2
76120		Cineradiography/videoradiography, except where specifically included				1
76125		Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)				1
76140		Consultation on X-ray examination made elsewhere, written report				1
76376		3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation				2
76377		3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation				2
76380		Computed tomography, limited or localized follow-up study				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
76390		Magnetic resonance spectroscopy				1
76391		Magnetic resonance (eg, vibration) elastography				1
76506		Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated				1
76536		Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation				1
76604		Ultrasound, chest (includes mediastinum), real time with image documentation				1
76641		Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	x			2
76642		Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	x			2
76700		Ultrasound, abdominal, real time with image documentation; complete				1
76705		Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)				2
76770		Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete				1
76775		Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited				2
76776		Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation				2
76800		Ultrasound, spinal canal and contents				1
76801	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
76802	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			x	3
76805	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation				1
76810	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			x	3
76811	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation				1
76812	**	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)			x	3
76813	**	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation				1
76814	**	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)			x	3
76815	**	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
76816	**	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re- evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus			x	4
76817	**	Ultrasound, pregnant uterus, real time with image documentation, transvaginal				1
76818	**	Fetal biophysical profile; with non-stress testing			x	4
76819	**	Fetal biophysical profile; without non-stress testing			x	4
76820	**	Doppler velocimetry, fetal; umbilical artery			x	4
76821	**	Doppler velocimetry, fetal; middle cerebral artery			x	4
76825	**	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;			x	4
76826	**	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study			x	4
76827	**	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete			x	4
76828	**	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study			x	4
76830		Ultrasound, transvaginal				1
76831	**	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed				1
76856		Ultrasound, pelvic (nonobstetric), real time with image documentation; complete				1
76857		Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
76870		Ultrasound, scrotum and contents				1
76872		Ultrasound, transrectal;				1
76873		Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)				1
76881		Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation				2
76882		Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation				2
76883		Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	x		x	4
76885		Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)				1
76886		Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)				1
76932		Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation				1
76936		Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)				1
76937		Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
76940		Ultrasound guidance for, and monitoring of, parenchymal tissue ablation				1
76941		Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation				3
76942		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation				1
76945		Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation				1
76946		Ultrasonic guidance for amniocentesis, imaging supervision and interpretation				1
76948		Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation				1
76975		Gastrointestinal endoscopic ultrasound, supervision and interpretation				1
76977		Ultrasound bone density measurement and interpretation, peripheral site(s), any method				1
76978		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion				1
76979		Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)				3
76998		Ultrasonic guidance, intraoperative				1
77001		Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
77002		Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)				1
77003		Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)				1
77011		Computed tomography guidance for stereotactic localization				1
77012		Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation				1
77013		Computed tomography guidance for, and monitoring of, parenchymal tissue ablation				1
77021		Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation				1
77022		Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation				1
77046		Magnetic resonance imaging, breast, without contrast material; unilateral				1
77047		Magnetic resonance imaging, breast, without contrast material; bilateral				1
77048		Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral				1
77049		Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
77053		Mammary ductogram or galactogram, single duct, radiological supervision and interpretation				2
77054		Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation				2
77061		Diagnostic digital breast tomosynthesis; unilateral				1
77062		Diagnostic digital breast tomosynthesis; bilateral				1
77063		Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)				1
77065		Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral				1
77066		Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral				1
77067		Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed				1
77071		Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated				1
77072		Bone age studies				1
77073		Bone length studies (orthoroentgenogram, scanogram)				1
77074		Radiologic examination, osseous survey; limited (eg, for metastases)				1
77075		Radiologic examination, osseous survey; complete (axial and appendicular skeleton)				1
77076		Radiologic examination, osseous survey, infant				1
77077		Joint survey, single view, 2 or more joints (specify)				1
77078		Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)				1

Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
77080		Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)				1
77081		Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)				1
77084		Magnetic resonance (eg, proton) imaging, bone marrow blood supply				1
77085		Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment				1
77086		Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)				1
78012		Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)				1
78013		Thyroid imaging (including vascular flow, when performed);				1
78014		Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)				1
78015		Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)				1
78016		Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)				1
78018		Thyroid carcinoma metastases imaging; whole body				1
78020		Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)				1
78070		Parathyroid planar imaging (including subtraction, when performed);				1
78071		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78072		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization				1
78075		Adrenal imaging, cortex and/or medulla				1
78102		Bone marrow imaging; limited area				1
78103		Bone marrow imaging; multiple areas				1
78104		Bone marrow imaging; whole body				1
78110		Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling				1
78111		Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings				1
78120		Red cell volume determination (separate procedure); single sampling				1
78121		Red cell volume determination (separate procedure); multiple samplings				1
78122		Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)				1
78130		Red cell survival study				1
78140		Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)				1
78185		Spleen imaging only, with or without vascular flow				1
78191		Platelet survival study				1
78195		Lymphatics and lymph nodes imaging				1
78201		Liver imaging; static only				1
78202		Liver imaging; with vascular flow				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By ~~EVERNORTH~~

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78215		Liver and spleen imaging; static only				1
78216		Liver and spleen imaging; with vascular flow				1
78226		Hepatobiliary system imaging, including gallbladder when present;				1
78227		Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed				1
78230		Salivary gland imaging;				1
78231		Salivary gland imaging; with serial images				1
78232		Salivary gland function study				1
78258		Esophageal motility				1
78261		Gastric mucosa imaging				1
78262		Gastroesophageal reflux study				1
78264		Gastric emptying imaging study (eg, solid, liquid, or both);				1
78265		Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit				1
78266		Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days				1
78267		Urea breath test, C-14 (isotopic); acquisition for analysis				1
78268		Urea breath test, C-14 (isotopic); analysis				1
78278		Acute gastrointestinal blood loss imaging				2
78282		Gastrointestinal protein loss				1
78290		Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78291		Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)				1
78300		Bone and/or joint imaging; limited area				1
78305		Bone and/or joint imaging; multiple areas				1
78306		Bone and/or joint imaging; whole body				1
78315		Bone and/or joint imaging; 3 phase study				1
78350		Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry				1
78351		Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites				1
78414		Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations				1
78428		Cardiac shunt detection				1
78429		Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan				1
78430		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan				1
78431		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan				1

Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78432		Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);				1
78433		Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan				1
78445		Non-cardiac vascular flow imaging (ie, angiography, venography)				1
78451		Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)				1
78452		Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection				1
78453		Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)				1
78454		Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78456		Acute venous thrombosis imaging, peptide				1
78457		Venous thrombosis imaging, venogram; unilateral				1
78458		Venous thrombosis imaging, venogram; bilateral				1
78459		Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;				1
78466		Myocardial imaging, infarct avid, planar; qualitative or quantitative				1
78468		Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique				1
78469		Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification				1
78472		Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing				1
78473		Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification				1
78481		Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification				1
78483		Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification				1
78491		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78492		Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)				1
78494		Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing				1
78496		Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)				1
78579		Pulmonary ventilation imaging (eg, aerosol or gas)				1
78580		Pulmonary perfusion imaging (eg, particulate)				1
78582		Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging				1
78597		Quantitative differential pulmonary perfusion, including imaging when performed				1
78598		Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed				1
78600		Brain imaging, less than 4 static views;				1
78601		Brain imaging, less than 4 static views; with vascular flow				1
78605		Brain imaging, minimum 4 static views;				1
78606		Brain imaging, minimum 4 static views; with vascular flow				1
78608		Brain imaging, positron emission tomography (PET); metabolic evaluation				1
78609		Brain imaging, positron emission tomography (PET); perfusion evaluation				1
78610		Brain imaging, vascular flow only				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78630		Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography				1
78635		Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography				1
78645		Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation				1
78650		Cerebrospinal fluid leakage detection and localization				1
78660		Radiopharmaceutical dacryocystography				1
78700		Kidney imaging morphology;				1
78701		Kidney imaging morphology; with vascular flow				1
78707		Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention				1
78708		Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)				1
78709		Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)				1
78725		Kidney function study, non-imaging radioisotopic study				1
78730		Urinary bladder residual study (List separately in addition to code for primary procedure)				1
78740		Ureteral reflux study (radiopharmaceutical voiding cystogram)				1
78761		Testicular imaging with vascular flow				1
78800		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78801		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days				1
78802		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging				1
78803		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging				1
78804		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging				1
78808		Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)				1
78811		Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)				1
78812		Positron emission tomography (PET) imaging; skull base to mid-thigh				1
78813		Positron emission tomography (PET) imaging; whole body				1
78814		Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
78815		Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh				1
78816		Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body				1
78830		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging				1
78831		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days				1
78832		Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days				1
93303		Transthoracic echocardiography for congenital cardiac anomalies; complete				1
93304		Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)

EviCore

By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
93306		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography				1
93307		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography				1
93308		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study				1
93312		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report				1
93313		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only				1
93314		Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only				1
93315		Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report				1
93319		3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)				1
93320		Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete				2



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
93321		Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow- up or limited study (List separately in addition to codes for echocardiographic imaging)				1
93325		Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)				2
93350		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;				1
93351		Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional				1
93356		Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)				1
93453		Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed				1
93454		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;				1
93455		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By EVERNORTH

(Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
93456		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization				1
93457		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization				1
93458		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed				1
93459		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography				1
93460		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed				1
93461		Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography				1
93880		Duplex scan of extracranial arteries; complete bilateral study				1



Reimbursement Policy:

Radiology-Cardiology-Ultrasound Frequency Rules (Commercial & Medicaid)



By ~~EVERNORTH~~ (Administered by EviCore by EVERNORTH)

Code	*New Added; ** OBUltraRule; *** Archived Change	Code Description	Bilateral Eligible	Repeated Procedure - 76/77	Additional Procedure	Total units per DOS:
			50 or LT / RT	76 / 77	59	
G0219		PET imaging, whole body				1
G0279		Diagnostic digital breast tomosynthesis, unilateral or bilateral				1
*** Archived Change for Units						
Modifier Notes: Modifier(s): 50 or LT / RT (150% of bilateral procedures 76641 / 76642 will pay) Modifier(s) 76 / 77: Pre/Post-op X-rays; 2 units allowed, related diagnosis code required. Modifier 59: Additional units allowed						

Revision History:

DATE	REVISION
7/2025	<ul style="list-style-type: none">Archived Change***: 75565 (Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)<ul style="list-style-type: none">Units Changed from 1 to 4, effective 10/01/2023
11/2024	<ul style="list-style-type: none">Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number