



Navigator[®] for Diagnostic Radiology/Procedures

Supplement

2024 Edition

MUE Value Increased from 1 to 4 by CMS for +75565 Cardiac MRI for Velocity Flow Mapping

CPT[®] code +75565 is an add-on code that is reported together with a code from 75557-75563 when the study includes **velocity flow mapping**. Velocity flow mapping includes the use of phase-contrast imaging to identify valvular stenosis or regurgitation in patients with valve disease or congenital heart disease. It is also used for intracardiac shunt quantification in congenital heart disease. This is expressed in terms of the Qp/Qs ratio, which denotes the ratio of pulmonic to systemic flow. Under [Medicare's National Coverage Determination 220.2](#), Medicare contractors have the authority to cover code +75565 if they feel it is appropriate. Please refer to your contractor's LCD for coverage criteria.

In the past, CPT[®] code +75565 was reported only once per encounter. The Centers for Medicare and Medicaid Services (CMS) assigned a [Medicare Unlikely Edit \(MUE\)](#) of 1 unit per date of service (DOS) for CPT[®] code +75565. The MUE of 1 unit per DOS for CPT[®] +75565 caused concern for many radiological societies, as it is frequently medically necessary for imaging providers to take multiple velocity flow mapping measurements for certain patients.

Five radiology societies, including the [American College of Radiology \(ACR\)](#), [Society for Cardiovascular Magnetic Resonance \(SCMR\)](#), [Radiological Society of North America \(RSNA\)](#), [American Roentgen Ray Society \(ARRS\)](#), and [Association of Academic Radiology \(AAR\)](#) successfully advocated for an increase in the number of units CMS will pay per DOS for CPT[®] code +75565 from 1 to 4. This change is effective for services provided on October 1, 2023, and after.

A [news release from the SCMR](#) states,

“Starting Oct. 1, 2023, you may now bill the velocity flow mapping CPT[®] code 75565 **up to four times per patient per day** if medically necessary. It is important to document clearly in the report which flow analyses were performed i.e. which valves/vessels/shunts/baffles were assessed.”

The [ACR advocacy news release](#) states,

“After reviewing the comment letter and participating in a virtual meeting with the specialty societies, CMS decided to temporarily increase the Medicare MUE and the Medicaid National Correct Coding Initiative (NCCI) MUE to 4 and change the MUE Rationale to “Society Comment. CMS expected to implement this change to the Jan. 1 edit files, but most recently communicated that it will take effect Oct. 1”

NCCI MUE files are published quarterly by CMS and include additions, changes, deletions, and revisions to practitioner services, outpatient hospital services, and DME supplier services. Current and archived MUE tables can be accessed and downloaded for review on the [CMS website](#).