

Cystourethrogram

Also known as	<div><div></div><div><div>1. Urodynamic Testing</div><div>2. VCUG</div><div>3. Voiding cystogram</div><div>4. Voiding cystourethrogram</div></div></div>				
Description	<div>An X-ray examination of the bladder and urethra performed while the bladder is emptying. A contrast dye is introduced to help the bladder show up better on X-ray.</div>				
Table of Contents	<div><div>The following topics are included in this document:</div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div></div>				
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.				
Mayo Medical Plan (MMP)	<p>Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote X-ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote X-ray/imaging benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.				
Cost (Prime)	<p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.				
Med Advantage	<p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote X-ray/imaging benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Quote X-ray/imaging benefits. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote outpatient X-rays and imaging service in an office or hospital. When done in a facility, also quote facility benefits.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.				
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