

Aug. 30, 2013

## **New Payment Policy: Diagnostic Imaging Multiple Procedure Reductions *Reduction of Allowed Amount for Technical Component***

### **What is the change?**

Premera is implementing a new payment policy that reduces the allowed amount for the technical component of certain outpatient radiology procedures when performed in the same session for dates of service on or after Dec. 1, 2013.

Billing for multiple advanced imaging services has two components:

- The **technical component** (modifier TC) refers to the equipment and technician performing the test.
- The **professional component** (modifier 26) is the radiologist's interpretation of the test results.

Reimbursement for the technical component of the second and subsequent applicable computed tomography, magnetic resonance imaging, or ultrasound studies performed by the same provider, on the same patient, in the same session, will be reduced by 50 percent. The reduction will also apply to the technical component of applicable global charges.

### **When is it effective?**

This change is effective for all dates of service on or after Dec. 1, 2013.

### **What action do I need to take?**

- Please be aware that diagnostic imaging services subject to a multiple procedure reduction of the technical component are identified by the "Multiple Procedure Flag" of 4 on the current Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule Relative Value Guide.
- Note that the reduction does not apply to the professional component of any applicable diagnostic imaging service and claim lines billed with modifier 59. Modifier 59 indicates that the services were performed in separate and distinct sessions on the same date of service.

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**Why are we doing this?**

Premera is implementing this new payment policy to reflect current Medicare guidelines and more accurately represent the services rendered to a member.

**Additional Support:**

- View the complete payment policy online via *Library > Reference Info* at [premera.com/ak/provider](http://premera.com/ak/provider) (as of Dec. 1, 2013).
- For questions about this News Brief, call Physician and Provider Relations at 800-722-4714, option 4.
- To identify the applicable advanced imaging codes subject to this reduction, see the CMS Physician Fee Schedule Relative Value Guide at [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html).

*Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan's professional services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.*