

Corporate Medical Policy

Radiology Services Reimbursement Guidelines “Notification”

File Name: radiology_services_reimbursement_guidelines
Origination: 6/2011
Next Review: 6/2012
Last Review: 6/2011

This policy is not effective until October 1, 2011

Description of Procedure or Service

BCBSNC will provide coverage for medically necessary imaging services. Radiology services are composed of a technical component and a professional component.

The **technical component** refers to the equipment and technician performing the test. It is identified by adding modifier –TC to the procedure code.

The **professional component** refers to the interpretation of the results of the test. When the professional component is reported separately the service may be identified by adding modifier -26 to the procedure code. Interpretation of a diagnostic procedure includes a written report.

When multiple radiology images are acquired during a single session, most of the clinical labor activities and most supplies are not performed or furnished twice. The following clinical labor activities are performed once during the session and are duplicated for subsequent procedures:

- Greeting the patient,
- Positioning and escorting the patient,
- Providing education and obtaining consent,
- Retrieving prior exams,
- Setting up the IV,
- Preparing and cleaning the room.

In addition, the supplies used, with the exception of film, are not duplicated for subsequent procedures.

See also policies titled:

“Bundling Guidelines”

“Pricing and Adjudication Principles for Professional Providers”

“Modifier Guidelines”

Policy

When multiple radiological procedures are performed during the same outpatient patient session, the technical component of the second and subsequent imaging procedures will be subject to a fee reduction.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

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When a fee reduction to the technical component of a radiology service will be applicable:

Multiple imaging fee reductions will apply when:

- Multiple imaging procedures are performed on the same patient during the same outpatient session.
- A single imaging procedure is subject to the multiple imaging reduction when submitted with multiple units.

When a fee reduction to the technical component of a radiology service will not be applicable:

Multiple imaging reductions will not apply when:

- Multiple imaging procedures are billed, appended with modifier -59 to indicate the procedure was done on the same day but not during the same session.
- If a global fee is charged by one provider, an additional component fee will not be reimbursed. (Global fees include both a professional and technical component.)

Policy Guidelines

Benefits will be determined based on 100% of the allowed amount for the primary procedure. The primary procedure is considered the service with the higher RVU of current year NC Medicare rates.

When the technical component for two or more imaging procedures are performed on the same patient during the same session, the fee for the technical component of the second and subsequent procedures will be reduced by 50% of the allowed amount.

Services provided on an inpatient basis are not subject to the multiple procedure reduction.

When multiple imaging procedures are obtained on the same patient in the same setting and billed on a global basis (technical and professional fees billed on one claim line), the 50% reduction will apply to the global allowed amount.

This policy only applies to the following imaging procedures:

- **Ultrasound**
- **MRI/MRA**
- **CT/CTA**

High tech imaging services (CT, MRI, PET) in an outpatient setting may require prior review.

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Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes:

70450,70460,70470,70480,70481,70482,70486,70487,70488,70490,70491,70492,70496,70498,70540,70542,70543,70544,70545,70546,70547,70548,70549,70551,70552,70553,71250,71260,71270,71275,71550,71551,71552,71555,72125,72126,72127,72128,72129,72130,72131,72132,72133,72141,72142,72146,72147,72148,72149,72156,72157,72158,72191,72192,72193,72194,72195,72196,72197,72198,73200,73201,73202,73206,73218,73219,73220,73221,73222,73223,73700,73701,73702,73706,73718,73719,73720,73721,73722,73723,73725,74150,74160,74170,74175,74181,74182,74183,74185,74261,74262,75635,75772,75773,75774,76604,76700,76705,76770,76775,76778,76831,76856,76857

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Medical Director review June 2011

Policy Implementation/Update Information

7/1/2011 New policy developed. When multiple radiological procedures are performed during the same outpatient patient session, the technical component of the second and subsequent imaging procedures will be subject to a fee reduction. Notification given 7/1/11 for effective date of 10/1/11. (adn)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.