

Medical Coverage Policy Updates

For Health Care Professionals

July 2015 Updates

| Policy name | Specialty types affected | Description of service | Updates effective July 13, 2015 |
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| Modifier 25 (M25) | Primary care physicians | Modifier 25 is used to indicate that on the day a procedure was performed, the patient's condition required a significant, separately identified evaluation and management (E&M) service above and beyond the typical care provided with the primary service. | The CMS Medically Unlikely Edit (MUE) for codes 99212, 99213, and 99214 will be eliminated, as it conflicts with our reimbursement policy indicating that we only pay one E&M service per health care professional per single date of service. |
| Multiple Procedure Reduction – Radiology (R01) | Health care professionals who own radiology equipment or employ radiology staff who perform imaging services | <p>Reimbursement is provided for contiguous body part imaging services with the highest allowable amount paid at 100% of the fee schedule, maximum reimbursable charge (MRC), or usual and customary (U&C) rate.</p> <p>All subsequent procedures are subject to the multiple radiology reduction and reimbursed at 50% of the technical component (TC) of the fee schedule, MRC, or U&C rates.</p> | <p>This update will consolidate the 11 contiguous body families into one combined list. As a result, multiple imaging procedures, regardless of body area, may be subject to a reduction.</p> <p>Additionally, this policy will apply to all places of service except the inpatient hospital setting.</p> |

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