



News Flash - A new preventive services brochure entitled *Cancer Screenings*, ICN# 006434, is now available on the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN). This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of the following screening services: mammography, colorectal, prostate, Pap test, and pelvic exam. The brochure is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Cancer_Screening.pdf on the CMS website.

MLN Matters Number: MM5677

Related Change Request (CR) #: 5677

Related CR Release Date: September 21, 2007

Effective Date: January 1, 2007

Related CR Transmittal #: R1339CP

Implementation Date: October 22, 2007

Note: This article was updated on September 12, 2012, to reflect current Web addresses. All other information remains the same.

Magnetic Resonance Imaging (MRI) Procedures

Provider Types Affected

Independent diagnostic testing facilities and other providers submitting claims to Medicare carriers, Fiscal Intermediaries (FIs) and Part A/B Medicare Administrative Contractors (A/B MACs) for MRI services provided to Medicare beneficiaries.

Provider Action Needed

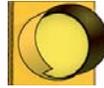


STOP – Impact to You

Effective January 1, 2007, separate payment is made for the contrast media used in various imaging procedures. The cost of the contrast media is no longer included in the practice expense (PE) relative values units (RVUs) for the procedures.

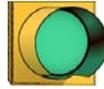
Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.



CAUTION – What You Need to Know

In addition to the Current Procedural Terminology (CPT) code representing the imaging procedure, the appropriate Healthcare Common Procedure Coding System (HCPCS) “Q” code (Q9945-Q9954; Q9958-Q9964) can be separately billed and paid for the contrast medium utilized in performing the service.



GO – What You Need to Do

Make certain that your billing staffs are aware of these changes. See the *Background and Key Points* sections of this article for further information.

Background and Key Points

Prior to January 1, 2007, separate payment was not made for contrast media used in certain MRI procedures because the contrast media was included in the payment for the procedure. To read the complete change in the *Medicare Claims Processing Manual*, Chapter 13—Radiology Services and Other Diagnostic Procedures, see the *Additional Information* section of this article and click on the official instruction that was issued with CR5677. The key points of CR5677 are:

- Medicare FIs, carriers, and A/B MACs will pay separately for the contrast medium identified with the appropriate HCPCS “Q” code (Q9945-Q9954; Q9958-Q9964) used in performing various MRI procedures.
- Medicare FIs, carriers, and A/B MACs will not search their files for claims affected by this change to retroactively pay claims, but will adjust such claims that you bring to their attention that were denied with dates of service on or after January 1, 2007.

Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5677) issued to your Medicare carrier, FI or A/B MAC. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1339CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2006 American Medical Association. All rights reserved.