



June 19, 2006

Dear Humana or ChoiceCare Network Physician:

The purpose of this letter is to inform you about adjustments Humana has made to its "contiguous body part" multiple-procedure policy for radiology imaging. We have updated our policy to be consistent with the Centers for Medicare & Medicaid Services (CMS). The details are provided below for your information.

CMS implemented a new imaging procedure policy in January 2006, adjusting the technical component payments for multiple services that are performed during the same visit. The new policy takes into account the efficiencies achieved when multiple studies are done at the same time.

Humana's policy addresses 100 radiology procedures, divided into 11 families of codes. Enclosed, you'll find a list of these codes, along with examples to help you better understand the new policy changes.

**Effective April 24, 2006**

Humana **increased reimbursement** for multiple procedures (18 codes within code family 2 and code family 6). These code families are inclusive of radiology imaging tests for MRI of the spine and CT scans of the chest, abdomen and pelvis.

The technical component of the claim is paid at 100 percent for the first scan, with a 25 percent reduction on the second and subsequent scans for all technical components of physician claims. No reduction is applied to the professional component of the service, meaning that the professional component is reimbursed at 100 percent for the first scan and any subsequent scans. This is a change to the policy implemented in September 2005.

**Effective August 2006**

In addition to the policy adjustments mentioned above, Humana's policy will expand to include **nine additional families** of radiology procedure codes. At this time, the new policy will apply to a total of **11 code families**. For these 11 code families, the first scan will be paid at 100 percent, with a 25 percent reduction on the second and subsequent scans for all technical components of physician claims. No reduction will be applied to the professional component of the service.

**Effective January 1, 2007**

Similar to CMS, Humana will phase in a 50 percent reduction of the technical component beginning January 1, 2007, for the same 11 code families. The reimbursement policies for payment will then be 100 percent for the first scan and a 50 percent reduction on the second and subsequent scans for the technical component on all physician claims for contiguous body-part imaging performed in the **same session**.

If you have a specific question about this policy change, please contact Humana Provider Relations at 1-800-626-2741, Monday through Friday, from 8 a.m. to 6 p.m. EST.

Sincerely,

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Corporate Medical Director, Clinical Policy  
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Enclosures