

PreferredOne

DEPARTMENT: Pricing & Payment
POLICY DESCRIPTION: Modifier CT
EFFECTIVE DATE: 1/1/2017
PAGE: 1 of 1
REFERENCE NUMBER: P#23

APPROVED DATE: 09/30/2016
REPLACES POLICY DATED:
RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for modifier CT (Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard

POLICY: PreferredOne will require the use of the CT modifier when services are furnished on non-NEMA Standard XR-29-2013-compliant equipment. This will result in a payment reduction.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
2. When services are furnished on non-NEMA Standard XR-29-2013-compliant equipment, the provier will use modifier CT on the code for the CT.
3. CT cpt codes are including, but not limited to the following codes: 70450-70498; 71250-71275; 72125-72133; 72191-72194; 73200-73206; 73700-73706; 74150-74178; 74261-74263 and 75571-75574 or the revenue code 35x.
4. Modifier CT will result in the payment reduction by 10% of the base code or the technical (TC) allowed amount.
5. This does not apply to professional interpretation and report when billed with modifier -26.

DEFINITIONS:

REFERENCES: