



PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Reimbursement Policy Effective Nov. 1, 2024

Effective Date: Nov. 1, 2024

Health Plans Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)

Type of Change: Reimbursement

Explanation of Change:

Johns Hopkins Health Plans has released its notification of a new reimbursement policy as follows:

(RPC.040) Professional and Technical Component Policy (Professional and Facility) - New

- Johns Hopkins Health Plans will align with CMS guidance when determining if diagnostic or therapeutic tests and procedures are to be reported as a global (total) service or either a technical or professional component (PC or TC) of the service.
- Johns Hopkins Health Plans will utilize the CMS Physician Fee Schedule, which assigns a PC/TC indicator, to define whether a code includes a technical component, a professional component, both, or none, and reimburse accordingly.
- When applicable, Johns Hopkins Health Plans will cross-reference both professional and facility claims, when billed for the same date of service.
- Johns Hopkins Health Plans expects that, when performed by a physician in a facility POS, only the 26 modifiers should be used on the professional claim. Claims billed with a facility POS on a professional claim with only the TC or globally will be denied.
- The ICD-10-CM Coding Guidelines for Outpatient Services (hospital-based and physician office) instruct physicians to report diagnoses based on test results.
- **Priority Partners:** In alignment with the Maryland Department of Health, Johns Hopkins Health Plans recognizes modifier -TC only on certain radiology procedure codes. Providers may not use modifier -TC for procedures outside of radiology. Radiology services billed with a place of service code of 21 or 22 will be denied without a modifier -26

REFERENCES*:

- [COMAR - Maryland Department of Health - Maryland Medicaid Administration](#)
- [Maryland Medicaid Professional Services Provider Manual](#)
- [Medicare Claims Processing Manual Ch. 13 - Radiology Services and Other Diagnostic](#)
- [Medicare Benefit Policy Manual Ch. 15 - Covered Medical and Other Health Services](#)
- [Medicare Claims Processing Manual Ch. 1 - General Billing Requirements](#)
- [Medicare Claims Processing Manual Ch. 4 - Part B Hospital \(Including Inpatient Hospital Part B and OPSS\)](#)

- [Medicare Claims Processing Manual Ch. 23 - Fee Schedule Administration and Coding Requirements](#)
- [Medicare National Coverage Determinations Manual](#)
- [MLN MM9250 - Payment Reduction for Computed Tomography \(CT\) Diagnostic Imaging](#)
- [Novitas JL - Modifier 26 Fact Sheet](#)
- [NCCI for Medicare | CMS](#)
- [TRICARE Reimbursement Manual](#)
- [TRICARE Manuals - Payment For Professional/Technical Components Of Diagnostic Services](#)

To view the [Johns Hopkins Health Plans Reimbursement Policies](#) on or after the effective date, please go to: **[HopkinsHealthPlans.org](https://www.hopkinshealthplans.org) > For Providers > Policies > Reimbursement Policies**

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