



**Memo No. 08-08**

**TO:** Independence Blue Cross participating hospitals

**FROM:** Linda Paterson  
Senior Director, Provider Network Services

**DATE:** September 19, 2008

**SUBJECT: MRI CONTRAST AGENTS REIMBURSEMENT**

Independence Blue Cross is sending this bulletin in regard to the Magnetic Resonance Imaging (MRI) Contrast Agents policy #09.00.45a and new MRI contrast agent codes that were effective January 1, 2008.

In accordance with our MRI Contrast Agents policy, MRI contrast agents are considered an integral part of the diagnostic procedure and are *not* eligible for separate reimbursement. Our payment policy concerning MRI contrast agents was communicated in a letter dated December 1, 2006, and in the January 2007 issue of *Partners in Health Update*. With the January 1, 2008, HCPCS code updates, four new MRI contrast agent codes became effective under this policy. They are as follows:

Code	Description
A9576	Injection, gadoteridol, (prohance multipack), per ml
A9577	Injection, gadobenate dimeglumine (multihance), per ml
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified

These codes have been updated in our systems as NSP (not separately payable), effective January 1, 2008. Some claims for these services may have been inadvertently paid after the codes were effective. Please note that we will identify these claims and adjust them through our normal business processes.

As you are aware, the codes listed above are updated regularly in accordance with National Coding Guidelines, and the MRI Contrast Agents policy applies to all future applicable coding changes, revisions, or updates.

If you would like to discuss the content of this bulletin, please contact your Network Coordinator. Thank you for your participation in our network and for the delivery of quality care to our members.

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**We encourage you to share this information with appropriate members of your staff.**

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