

Application of DIMSR and MVUSSR before 1 November 2002.

Where the same claim contains vascular ultrasound services that were rendered before 1 November 2002 and on or after, one set of services will be rejected. Where possible (non-electronically lodged claims) the rejected services will be paid under a separate claim.

Order of calculation of schedule fees:

The application of the MVUSSR does not rely on the order the items are listed in the claim. The order applies as follows:

1. Item with the lowest number (eg 55238, then 55274, then 55296)
2. Where two items have the same number, the first is taken to have the highest schedule fee
3. Item with the highest schedule fee (eg 55274 \$155.25, then 55296 \$101.70)

Example of step-by-step calculation of benefit:

1. Calculation of benefit by application of the DIMSR – rules A, B and C first;
2. Followed by application of the MVUSSR – 100%, 60%, 50%:

Non-admitted patient DI services		Admitted patient procedure			
Diagnostic imaging services		Professional attendance		Procedure	
Item	MBS S/fee	Item	MBS S/fee	Item	MBS S/fee
58527	65.45	104	67.65	38275	235.90
55274	155.25				
55276	155.25				
55280	155.25				

Application of DIMSR:

Item	MBS S/fee	Rule A S/fee
55274	155.25	155.25
55276	155.25	(A) 150.25
55280	155.25	(A) 150.25
58527	65.45	(A) 60.45

Item	MBS S/fee	Rule A+B S/fee
55274	155.25	(B) 120.25
55276	155.25	(A) 150.25
55280	155.25	(A) 150.25
58527	65.45	(A) 60.45

Item	MBS S/fee	Rule A,B+C S/fee
55274	155.25	(B & C) 115.25
55276	155.25	(A) 150.25
55280	155.25	(A) 150.25
58527	65.45	(A) 60.45

(A), (B) and (C) denote which schedule fee the DIMSR applied to.

Application of MVUSSR after DIMSR:

Item	DIMSR S/fee	MVUSSR %	MVUSSR/DIMSR S/fee
55274	115.25	50%	57.65
55276	150.25	100%	150.25
55280	150.25	60%	90.15
58527	60.45		60.45

Total benefit payable:

Item	MVUSSR/DIMSR S/fee	85% benefit/75% benefit	Reason code
55274	57.65	49.05 43.25	565 +
55276	150.25	127.75 112.70	565 +
55280	90.15	76.65 67.65	565 +
58527	60.45	51.40 45.35	154 +
104	67.65	57.55 50.75	+
38275	235.90	176.95	+

Reason codes:

- 154 Diagnostic imaging multiple services rule applied
  - Indicating that the schedule fee for this item has been reduced due to the application of the multiple vascular ultrasound sites service rules
- 564 Multiple vascular ultrasound services site rule applied
  - Indicating that the schedule fee for this item has been reduced due to the application of the multiple vascular ultrasound sites service rule
- 565 Multiple DI and vascular ultrasound service rules applied
  - Indicating that the schedule fee for this item has been reduced due to the application of both the diagnostic imaging multiple services rules and the multiple vascular ultrasound sites service rule
- 566 Total benefit for diagnostic imaging service
  - Indicating that the schedule fee against this item includes the schedule fee for the other diagnostic imaging services in the claim against that patient
- 567 Benefit paid on main diagnostic imaging item
  - Indicating that the schedule fee for this item has been included against the item that displays reason code 566
- + Inpatient service – may be eligible for fund gap benefit/gap benefit information forwarded to fund

Roll-up of schedule fees for diagnostic Imaging services:

The roll-up of schedule fees for diagnostic imaging services has been introduced to prevent possible underpayment where the charge for an item has been reduced 'out of order' according to the 'order of calculation of schedule fees'. The roll-up of the schedule fees will occur when the payment system detects that a charge is less than the schedule fee.

Inquiries

If you have any inquiries regarding this information contact a Medicare inquiries officer on 132 150.