PAYMENT POLICY ID NUMBER: 10-037

Original Effective Date: 02/24/2010

Revised: 08/10/2023

Multiple Imaging Reduction

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

This policy describes the reimbursement when multiple radiological imaging procedures are reported on the same date of service for the same patient.

As defined by the Centers for Medicare and Medicaid Services (CMS), some elements that comprise these services are duplicated when multiple procedures are performed on a single day. CMS has said:

> *Under the resource-based practice expense (PE) methodology, specific PE inputs of clinical labor, supplies, and equipment are used to calculate PE relative value units for each individual service. When multiple diagnostic tests are furnished to the same patient on the same day, most of the clinical labor activities and some supplies are not furnished twice.*

Duplicate components cited by CMS include preparing the room equipment and supplies, greeting the patient, educating, instructing, and counseling the patient, gaining consent, completing diagnostic forms, preparing charts, taking history and vitals, monitoring the patient, providing post-treatment patient assistance, cleaning the room and equipment, quality assurance documentation, and duplicated supply items. CMS implemented its reduction policy for multiple diagnostic imaging procedures in January 2006 based upon recommendations from the Medicare Payment Advisory Commission to identify potentially mis-valued codes by examining multiple codes that are frequently billed together. This multiple procedure reduction policy seeks to align with CMS' findings and appropriately account for this duplication of value when multiple services are performed on the same day.

This reduction is similar to those Florida Blue applies to multiple surgical procedures, multiple cardiovascular and ophthalmic imaging procedures, multiple therapy procedures and multiple evaluation and management services. This policy applies to billing for diagnostic imaging on a CMS-1500 or

equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

REIMBURSEMENT INFORMATION:

The highest valued procedure will continue to be reimbursed at full value while a payment reduction will be applied to second and subsequent procedures. The highest valued procedure is determined by the procedure with the highest non-facility total Relative Value Unit (RVU).

The coding edit will apply a 50 percent reduction to the technical component (TC) of second and subsequent procedures. The professional component is not affected except as noted below.

Note: Effective 01/01/2017, for Medicare Advantage claims, Florida Blue will also take a 5% reduction of the professional component consistent with CMS multiple procedure reduction for traditional Medicare.

The following is an example of how the 50% reduction is applied.

Procedure Code	Relative Value	Global Allowance	Technical Allowance (TC)
73718	7.00	$227	$162
73721	6.31	$205	$140

Payment Calculation:
73718 = **$227** Highest valued procedure – no reduction
73721 = $205 – ($140 x 50%) = $205 - $70 = **$135**
TOTAL ALLOWANCE = **$362**

Florida Blue considers a single session to be one encounter where a patient could receive one or more radiological studies. If more than one of the imaging services is provided to the patient during one encounter, then this would constitute a single session and the lower valued procedure(s) would be reduced.

On the other hand, if a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging service, Florida Blue considers these multiple studies on the same day to be provided in separate sessions. These exceptions will require documentation of the medically necessary reason in the patient's medical record and will be consider by Florida Blue upon appeal.

BILLING/CODING INFORMATION:

The modalities that are subject to this coding edit include CT, CTA, MRI, MRA, and ultrasound.

Click here to review the codes that are subject to Multiple Imaging Reduction.

DEFINITIONS:

Professional Component represents the physician or other health care professional work portion (physician work/practice overhead/malpractice expense) of the procedure. The professional component is the physician or other health care professional supervision and interpretation of a procedure that is personally furnished to an individual patient, results in a written narrative report to be included in the patient's medical record, and directly contributes to the patient's diagnosis and/or treatment. In appropriate circumstances, it is identified by appending modifier 26 to the designated procedure code or by reporting a standalone code that describes the professional component only of a selected diagnostic test.

Technical Component is the performance (technician/equipment/facility) of the procedure. In appropriate circumstances, it is identified by appending modifier TC to the designated procedure code or by reporting a standalone code that describes the technical component only of a selected diagnostic test.

Global service includes both professional and technical components. When a physician or other health care professional bills a global service, he or she is submitting for both the professional and technical components of that code. Submission of a global service asserts that the same individual physician or other health care professional provided the supervision, interpretation and report of the professional services as well as the technician, equipment, and the facility needed to perform the procedure.

REFERENCES:

1. American Medical Association, Current Procedural Terminology (*CPT® Professional Edition.*
2. CMS, *MLN Matter Number SE0587*. "Multiple Procedure Reduction of the Technical Component (TC) of Certain Diagnostic Procedures". https://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/downloads/ja0587.pdf
3. CMS, MLN Matters Number MM6993. "Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures", https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2010-Transmittals-Items/CMS1241518
4. U.S. Government Accountability Office, "Medicare Physician Payments: Fees Could Better Reflect Efficiencies Achieved When Service are Provided Together", July 2009, found at http://www.gao.gov/assets/300/293552.pdf

GUIDELINE UPDATE INFORMATION:

02/24/2010	New Payment Policy
06/29/2010	Revision of code list; single session defined.
01/01/2011	New codes added to Family 2
04/29/2011	Elimination of diagnostic imaging family
06/01/2012	Revision of code list and changed name from BCBSF to Florida Blue
03/28/2014	Revised to better describe how the highest valued procedure is identified
09/08/2016	Annual Review
01/01/2017	Revised Medicare Advantage professional component reduction percentage
08/17/2017	Annual Review – Examples refreshed
08/16/2018	Annual Review
08/20/2019	Annual Review
08/13/2020	Annual Review
08/12/2021	Annual Review – RVUs for the Multiple Imaging Reduction example revised to reflect 2021 RVUs for procedure codes 73718 and 73721. Also, CPT® codes 0648T and 71271 were added and HCPCS code G0297 was removed from the list of codes subject to Multiple Imaging Reduction.
08/11/2022	Annual Review – RVUs for the Multiple Imaging Reduction example revised to reflect 2022 RVUs. Also, CPT® codes 0398T, 0689T, 0697T, 0721T, and 0723T were added to the list of codes subject to Multiple Imaging Reduction.
08/10/2023	Annual Review – RVUs for the example updated to reflect 2023 values. CPT codes 0807T, 0808T,78306, 78802, and 78803 added to list of codes subject to Multiple Imaging Reduction. References reviewed and updated.