

Commercial Reimbursement Policy

Subject: **Multiple Diagnostic Imaging – Facility**

Policy Number: **C-17005**

Policy Section: **Facilities**

Last Approval Date: **06/13/2023**

Effective Date: **06/13/2023**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by an Anthem Blue Cross and Blue Shield (Anthem) member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan applies multiple imaging reimbursement rules for multiple diagnostic imaging procedures unless provider, state, or federal contracts and/or mandates indicate otherwise.

When two or more diagnostic imaging procedures are performed in the same facility, on the same member, using the same modality, during the same imaging session; reimbursement is 100% of the highest facility allowance for the first imaging procedure for the date of service, and 50% of the facility allowance for each subsequent imaging procedure for the same date of service.

Multiple diagnostic imaging reimbursement rules are applied to the highest facility allowance of the following diagnostic imaging procedures rendered on the same date of service and eligible for reimbursement:

- ultrasound
- computed tomography (CT)
- computed tomographic angiography (CTA)
- magnetic resonance imaging (MRI)
- magnetic resonance angiography (MRA)

Multiple diagnostic imaging reimbursement rules are not limited to contiguous body areas.

This policy applies to all UB-04 submitters billing the Health Plan for reimbursement of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (Level II HCPCS®) codes for the type of diagnostic imaging procedures identified above.

Related Coding

| Modifier | Description | Comments |
|--------------------------|--|---|
| LT | Left side (used to identify procedures performed on the left side of the body) | If a diagnostic imaging procedure with an MPI of 4 is performed bilaterally, report the service on two lines and include the side-specific modifiers LT and RT. |
| RT | Right side (used to identify procedures performed on the right side of the body) | |
| TC (Technical Component) | Under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is | Reimbursement for subsequent procedures is based on 50% of the fee allowance. |

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| | identified by adding modifier TC to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier TC; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles | |
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Exemptions

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| Colorado | This market is not subject to this policy. |
| Nevada | This market is not subject to this policy. |

Policy History

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| 06/13/2023 | Review approved and effective: definition section updated; modifier TC added to Related Coding section |
| 07/22/2021 | Missouri, Wisconsin, and Kentucky exemption removals approved 07/22/2021 and effective 04/01/2022 |
| 11/06/2020 | Review approved: added an introductory sentence and removed TC modifier language |
| 10/01/2020 | Indiana and Ohio exemption removals approved 10/01/2020 and effective 02/01/2021 |
| 06/26/2020 | Georgia exemption removal approved 06/26/2020 and effective 11/01/2020 |
| 06/01/2019 | Revised: added related-coding, exemption, reference, definition, and related-materials sections |
| 08/03/2018 | Review approved: exemptions removed for Maine and New Hampshire |
| 04/06/2018 | Revised: "multiple modality" reference updated to "same modality" |
| 08/17/2017 | Initial approval 08/17/2017 and effective 05/01/2018; exemptions added for Colorado, Georgia, Indiana, Maine, Nevada, New Hampshire, and Ohio (not subject to this policy) |

References and Research Materials

This policy has been developed through consideration of the following:

- Business Decision
- CMS
- Merriam-Webster Dictionary

Definitions

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| Contiguous body areas | In actual contact: touching along a boundary or at a point |
| Modality | (An apparatus for applying) a usually physical therapeutic agency |
| General Reimbursement Policy Definitions | |

Related Policies and Materials

None

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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