

Reimbursement Policy	
Subject: <b>Multiple Radiology Payment Reduction</b>	
Policy Number: <b>G-12002</b>	Policy Section: <b>Radiology</b>
Last Approval Date: <b>08/15/2022</b>	Effective Date: <b>08/15/2022</b>

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providers.anthem.com/ny>. \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Blue Cross and Blue Shield Retiree Solutions Medicare Advantage covered the service for the 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 Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives 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

Anthem Medicare Advantage allows professional and facility reimbursement for multiple diagnostic imaging procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Multiple diagnostic imaging procedures will be subject to a multiple procedure payment reduction (MPPR) when services are performed by the same provider or provider group on the same date of service during the same member encounter. CT scan services are not subject to a multiple procedure payment reduction.

The global procedure, professional component, or technical component of diagnostic imaging procedures will reimburse at 100% of the contracted/negotiated rate for each professional component and technical component service with the highest allowance. Reimbursement of subsequent procedures is based on:

- 95% of the professional component.
- 50% of the technical component.

A reduced allowance for the second and subsequent procedures will **not** apply when multiple imaging procedures are reported with modifier 59 or X{EPSU} to indicate the procedure was done on the same day but not during the same session.

A single imaging procedure is subject to the multiple imaging reductions when submitted with multiple units.

### Related Coding

Standard correct coding applies

### Policy History

08/15/2022	Review approved: policy template updated; minor language changes to policy section
06/24/2020	Review approved: minor word changes
04/20/2018	Review approved: professional and facility reimbursement language added
12/15/2017	Review approved: provider group and X{EPSU} modifiers language added; repetitive language removed

09/28/2017	Review approved: Policy template updated
07/19/2017	Review approved 07/19/2017 and effective 03/15/2018: professional component reduction language added
03/08/2017	Review approved 03/08/2017 and effective 09/15/2017: "certain" language removed
07/14/2016	Review approved: policy language updated; definition section updated
01/01/2015	Initial approval and effective

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract

### Definitions

General Reimbursement Policy Definitions

### Related Policies and Materials

Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)

Modifier 26 and TC: Professional and Technical Component

Modifier Usage