



<b>DEPARTMENT:</b> Pricing & Payment	<b>APPROVED DATE:</b> 5/1/2018
<b>POLICY DESCRIPTION:</b> Multiple Imaging Performed on the Same Date of Service	
<b>EFFECTIVE DATE:</b> 9/1/2018	
<b>PAGE:</b> 1 of 2	<b>REPLACES POLICY DATED:</b> 9/1/2014, 4/1/2014
<b>REFERENCE NUMBER:</b> P#16	<b>RETIRED DATE:</b>

**SCOPE:** Claims, Coding, Customer Service, Medical Management, Finance, Network Management

**PURPOSE:** To provide guidelines for reimbursement when multiple imaging is performed on the same member, same date of service by the same group practice or facility.

**POLICY:** Multiple imaging selected services performed at the same group practice or facility, the same date of service and same patient may be subject to multiple procedure reduction for the secondary and subsequent procedures.

**COVERAGE:** Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

**PROCEDURE:**

1. The imaging services that qualify for multiple imaging reduction are identified in the CMS RVU file with a Multiple procedure indicator = 4 or Revenue Code ranges 35x and 61x or CMS defined radiology composite APCs.
2. This applies to group practices billing on 837P or CMS-1500 claim forms, regardless of place of service and facilities including outpatient hospitals and free-standing surgery centers billing on CMS UB claim form.
3. Multiple imaging reductions apply to these codes when performed on the same patient by the same group practice or facility during the same session.
4. A single imaging procedure subject to the multiple imaging reduction concepts is submitted with multiple units. For example, code 70450 is submitted with 2 units. A multiple imaging reduction would apply to the second unit.
5. Exceptions to the multiple imaging reduction include: When modifier -59 to indicate the procedure was done on the same day but not during the same session

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<b>PAGE:</b>	2 of 2	<b>REPLACES POLICY DATED:</b> 9/1/2014, 4/1/2014
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6. When multiple procedures are performed on the same date of service, PreferredOne will select the procedure classified in the highest payment group for the primary procedure. This procedure will be reimbursed at 100% of PreferredOne's contracted rate. Subsequent imaging procedures will be reimbursed as follows:
  - a. If the group practice bills globally the subsequent imaging procedures will be reimbursed at 50% of the allowed rate.
  - b. If the group practice or facility bills TC technical component, the subsequent imaging procedures will be reimbursed at 50% of the allowed rate, or for APC methodology, grouped to the appropriate composite APC.
  - c. If the group practice bills 26 professional component, the reimbursement will be based on 95% of the professional component.
  
7. Note that if the place of service billed is facility, and there is not a modifier 26 or TC, the service will be assumed to be TC.

**DEFINITIONS:**

**REFERENCES: CMS Transmittal 1104 Change Request 7747 August 2, 2012  
MedLearn Matters # MM7747**