Medicare Advantage Reimbursement Policy

Multiple Radiology Services Reimbursement Policy

Origination: 5/2015

Description of Policy

Section 3134 of the Affordable Care Act ("ACA") added Section 1848(c)(2)(K) of the Social Security Act which directed the Secretary of the United States Department of Health and Human Services to identify potentially misvalued codes by examining multiple codes that are frequently billed in conjunction with furnishing a single service. The Centers for Medicare and Medicaid Services ("CMS") has implemented this provision of the ACA, in part, by adopting a multiple procedure payment rule ("MPPR") for certain radiology services that are furnished to the same patient during the same session on the same day. See MLN Matters MM7442. When such circumstances occur, Medicare will reimburse the radiology service with the highest reimbursement value at 100% of the allowed amount and will apply downward adjustments to the professional component and technical component for the second and each subsequent service performed during the same session. CMS has adopted these adjustments in order to account for efficiencies that are achieved by a provider when multiple radiology services are performed during a single radiology session.

Policy Statement

To align BCBSNC’s Medicare Advantage plans with the MPPR adjustment applied by CMS to claims for certain radiology services submitted for reimbursement under Part A and Part B of Medicare, BCBSNC will apply a similar MPPR adjustment to claims submitted for reimbursement under BCBSNC’s Medicare Advantage plans. This adjustment will only apply to radiology services that are billed under the codes listed below in the section of this policy entitled “Billing/Coding/Physician Documentation Information” (the “Covered Radiology Services”).

When two or more Covered Radiology Services are performed on the same patient during the same session on the same day, the allowance for the technical component and professional component of the primary procedure is 100% of the contracted allowed amount. For the second and each subsequent Covered Radiology Service performed on the same patient during the same session on the same day, a 50% reduction shall apply to the contracted allowed amount for the technical component and a 25% reduction shall apply to the contracted allowed amount for the professional component.

Benefits Application

This reimbursement policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary
according to benefit design; therefore member benefit language should be reviewed before applying the terms of this reimbursement policy.

**When This Policy Will Apply**

This policy only applies to Covered Radiology Services for which reimbursement is sought under a BCBSNC Medicare Advantage health plan.

Under this policy, the MPPR adjustment for the technical component and professional component of the second and each subsequent procedure will apply when:

- Two or more Covered Radiology Services are performed on the same patient during the same session on the same day.

- A single Covered Radiology Service is submitted for reimbursement with multiple units.

This policy will apply when the technical component and professional component of Covered Radiology Services are billed separately and when Covered Radiology Services are billed globally.

**When This Policy Will Not Apply**

The MPPR adjustment will not apply when two or more Covered Radiology Services are billed with modifier -59 to indicate the services were performed during separate sessions on the same day.

**Policy Guidelines**

When two or more Covered Radiology Services are performed on the same patient during the same session on the same day, benefits will be determined based on 100% of the contracted allowed amount for the primary procedure, which is the service with the higher relative value unit ("RVU"). For the second and each subsequent Covered Radiology Service, a 50% downward adjustment will be applied to the contracted allowed amount that would have been applied for the technical component if the procedure had been primary and a 25% downward adjustment will be applied to the contracted allowed amount that would have been applied for the professional component if the procedure had been primary.

When two or more Covered Radiology Services are performed on the same patient during the same session on the same day and billed on a global basis (technical and professional component billed on one claim line), the MPPR adjustment will be applied as if the technical component and professional component had been billed separately.

**Billing/Coding/Physician Documentation Information**

This policy may apply when Covered Radiology Services are billed using the following codes. Inclusion of a code in this section does not guarantee that it is covered or will be reimbursed. Further information on reimbursement guidelines, please see administrative policies on the

The following service codes constitute the “Covered Radiology Services” to which this policy applies:

70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 71250, 71260, 71270, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 75557, 75559, 75561, 75563, 75571, 75572, 75573, 75574, 75635, 76604, 76700, 76705, 76770, 76775, 76776, 76831, 76856, 76857, 76870, 77058, 77059