

Professional Pricing Policy	
Subject: Multiple Diagnostic Imaging Procedures – Professional	
Policy Number: HLRP – 0003	Policy Section: Radiology
Last Approval Date: May 17, 2022	Effective Date: July 22, 2022

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. 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. 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

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

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink follows The Centers for Medicare and Medicaid Services (CMS) in applying Multiple Procedure Payment Reduction (MPPR) of diagnostic imaging procedures that have a Multiple Procedure Indicator (MPI) of 4 of the CMS National Physician Fee Schedule (NPFSS).

Multiple diagnostic imaging procedures will be subject to a MPPR when services are performed by the same provider or provider group on the same date of service during the same member encounter.

The global, professional component, and technical component of diagnostic imaging procedures will allow at 100 percent of the highest Relative Value Unit (RVU) allowance for each professional component and technical component service. Allowable of the second or subsequent procedures is based on:

- 95 percent of the professional component
- 50 percent of the technical component

When two or more imaging procedures with an MPI of 4 are reported as global imaging procedures performed by the same provider on the same patient during the same imaging session, the primary imaging procedure will be the procedure with the highest global RVUs for the date of service. The primary imaging procedure will be eligible for 100% of the allowance for that procedure. For all other imaging procedures with an MPI of 4 rendered on that date of service that are reported globally by the same provider on the same patient during the same imaging session, the technical component (TC) RVU and professional component (26) RVU will be identified separately, and eligible pricing will be calculated as follows:

- The technical component RVU will be reduced by 50%
- The professional component RVU will be reduced by 5%

- These two values are added together to obtain a new RVU value to be used.
- The new RVU value is then divided by the original total global RVU and multiplied by 100 to determine what percent of the global value is to be applied to the imaging procedures
- The original fee schedule global allowance is then multiplied by this new percentage value (which is rounded up) to determine the allowance for the imaging procedure with an MPI of 4

Multiple imaging pricing rules will also be applied to the eligible imaging codes if modifiers 76 or 77 (repeat procedure) are reported. These modifiers do not indicate to HealthLink that the repeat procedure was performed as a distinct procedural service at a separate session/encounter.

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

Related Coding

Modifier	Description	Comments
LT/RT	Used to identify side specific service	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.

Exemptions

	There are no exemptions to this policy
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Definitions

Global Procedure	Represents both the professional and technical component as a complete procedure or service. Identified by reporting the eligible procedure without modifiers 26 or TC.
Multiple Diagnostic Imaging Procedures	Distinct, separate diagnostic imaging services performed by the same provider on the same member during the same imaging session.
Professional Component (Modifier 26)	Represents the supervision and interpretation portion of a service or procedure and the preparation of a written report. Modifier 26 denotes the professional component of a global procedure or service.
Technical Component (Modifier TC)	Represents the technical personnel, equipment, supplies and institutional charges of a service or procedure. Modifier TC denotes the technical component of a global procedure or service.
General Pricing Policy Definitions	

Related Policies and Materials

Modifiers Rules

References and Research Materials

<p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> • Centers for Medicare & Medicaid Services (CMS)

Use of Pricing 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. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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