

Procedure 1218- Multiple Imaging Reduction on the Technical Component

Lines of Business: All

Purpose: This guideline outlines the reimbursement methodology used to apply reductions to multiple imaging procedures when performed during a single patient session by the same physician and/or other health care professional reporting the same federal tax identification number. This reimbursement procedure is not intended to dictate medical practice.

Procedure: Radiology services have both a professional component and technical component. The technical component is defined as the technician/equipment/facility used to perform the procedure. When the technical component is submitted separately, it should be identified by attaching the technical component modifier to the appropriate procedure code.

The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Multiple Procedure Indicator (MPI) of 4 denotes which procedures are subject to the multiple imaging reduction concept. The reduction to the technical component of the second and any subsequent imaging service(s) will apply to imaging procedure codes with an MPI of 4.

Multiple imaging reductions apply when:

- Multiple imaging procedures with a multiple imaging indicator of 4 are performed on the same patient by same individual physician or other healthcare professional during the same session.
- A single imaging procedure subject to the multiple imaging reduction concept is submitted with multiple units. For example, a Current Procedural Terminology (CPT) code is submitted with 2 units. A multiple imaging reduction would apply to the second unit.
- Multiple imaging procedures are billed with a distinct procedural service modifier to indicate separate and distinct services performed during the same session

Multiple imaging reductions will not apply when:

- Multiple imaging procedures are billed, appended with the professional component modifier for the professional service only.
- Multiple imaging procedures are billed, appended with a distinct procedural service modifier to indicate the procedure was done on the same day but not during the same session.
- The imaging service does not have a CMS NPFS Multiple Imaging Indicator of 4.

When the technical component for two or more procedures, subject to the multiple imaging reduction concept, are performed by the same individual physician or other healthcare professional at the same session, Network Health will reduce the technical component of the second and each subsequent procedure by 50 percent of the contract rate. Network Health will regard the procedure(s) with the lower allowed amount for the technical component as the secondary procedure(s).

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claims policies and procedures.
HMO plans are underwritten by Network Health Plan. POS plans are underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services, LLC.