



Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

<b>Reimbursement Policy</b>	
Subject: <b>Multiple Radiology Payment Reduction</b>	
Policy Number: <b>G-12002</b>	Policy Section: <b>Radiology</b>
Last Approval Date: <b>12/10/2024</b>	Effective Date: <b>12/10/2024</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 [providerpublic.mybcbswny.com](http://providerpublic.mybcbswny.com). \*\*\*\*

**Disclaimer**

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member’s benefit plan. The determination that a service, procedure, or item is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member’s state of residence.

Ensure that you use proper billing and submission guidelines, including 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, we may:

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

[providerpublic.mybcbswny.com](http://providerpublic.mybcbswny.com)

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

Highmark BCBS allows professional reimbursement for multiple diagnostic imaging procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. This policy does not apply to facility reimbursement.

Multiple diagnostic imaging procedures with the CMS National Physician Fee Schedule (NPFS) multiple procedure indicator (MPI) of 4 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, and during the same patient encounter.

Reimbursement for diagnostic imaging procedures is based on the following:

- 100% of the fee schedule or contracted/negotiated rate for the highest valued procedure.
- 60% for the second and additional services.

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 multiple imaging reductions when it is submitted with multiple units.

<b>Related Coding</b>
Standard correct coding applies

<b>Policy History</b>	
12/10/2024	Review approved and effective: added (MPI) of 4 language
08/15/2022	Review approved: policy organized according to new policy template
06/24/2020	Review approved: minor word changes
04/20/2018	Review approved 04/20/2018 and effective 10/01/2019: MPPR percentages updated; 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: certain language removed
10/31/2014	Initial approval 10/31/2014 and effective 01/01/2017

<b>References and Research Materials</b>
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This policy has been developed through consideration of the following:
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| <ul style="list-style-type: none"><li>• CMS</li><li>• Optum EncoderPro 2024</li><li>• State contract</li><li>• State Medicaid</li></ul> |
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<b>Definitions</b>
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General Reimbursement Policy Definitions
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<b>Related Policies and Materials</b>
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Modifier Usage
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Modifiers 26 and TC
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Modifiers 59, XE, XP, XS, XU: Distinct Procedural Services
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