Multiple Imaging Reduction

DESCRIPTION:
On July 2, 2007, Florida Blue implemented a coding edit that applies a payment reduction when multiple images are provided during a single patient session. The payment reduction applies to second and subsequent procedures.

When multiple images are taken in a single session, some portion of the technical component, including clinical labor, supplies and equipment is furnished once for the entire series of images. The multiple coding edit change will eliminate duplication of payment.

The professional component (PC) will not be affected. The reduction applies only to the technical component (TC) of the radiology code. Florida Blue agrees with the Centers for Medicare and Medicaid Services (CMS) that some portion of the TC, including clinical labor, supplies and equipment is furnished once for the entire series of images.

REIMBURSEMENT INFORMATION:
The coding edit will apply a 50 percent reduction to the technical component (TC) of second and subsequent procedures.

The following is an example of how the 50% reduction is applied.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Global Allowance</th>
<th>TC Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>73718</td>
<td>MRI Lower Extremity – Global Allowance</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>73721</td>
<td>MRI Joint of Lower Extremity – Global Allowance</td>
<td>$400 – TC Allowance $300</td>
<td></td>
</tr>
</tbody>
</table>

Payment Calculation:

73718 = $500
73721 = $400 – ($300 x 50%) = $400 - $150 = $250
TOTAL ALLOWANCE = $750.00

Florida Blue considers a single session to be one encounter where a patient could receive one or more radiological studies. If more than one of the imaging services is provided to the patient during one encounter, then this would constitute a single session and the lower valued procedure(s) would be reduced.

On the other hand, if a patient has a separate encounter on the same day for a medically
necessary reason and receives a second imaging service, Florida Blue considers these multiple studies on the same day to be provided in separate sessions. These exceptions will require documentation of the medically necessary reason in the patient’s medical record and will be considered by Florida Blue upon appeal.

BILLING/CODING INFORMATION:
The modalities that are subject to this coding edit include CT, CTA, MRI, MRA, and ultrasound.

Click here to review the codes that are subject to Multiple Imaging Reduction.

DEFINITIONS:

**Professional Component** represents the physician or other health care professional work portion (physician work/practice overhead/malpractice expense) of the procedure. The professional component is the physician or other health care professional supervision and interpretation of a procedure that is personally furnished to an individual patient, results in a written narrative report to be included in the patient’s medical record, and directly contributes to the patient’s diagnosis and/or treatment. In appropriate circumstances, it is identified by appending modifier 26 to the designated procedure code or by reporting a standalone code that describes the professional component only of a selected diagnostic test.

**Technical Component** is the performance (technician/equipment/facility) of the procedure. In appropriate circumstances, it is identified by appending modifier TC to the designated procedure code or by reporting a standalone code that describes the technical component only of a selected diagnostic test.

**Global** service includes both professional and technical components. When a physician or other health care professional bills a global service, he or she is submitting for both the professional and technical components of that code. Submission of a global service asserts that the same individual physician or other health care professional provided the supervision, interpretation and report of the professional services as well as the technician, equipment, and the facility needed to perform the procedure.

REFERENCES:


COMMITTEE APPROVAL:
This Payment Policy was approved by the Florida Blue Payment Policy Committee on 02/24/10.

GUIDELINE UPDATE INFORMATION:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/24/10</td>
<td>New Payment Policy</td>
</tr>
<tr>
<td>06/29/10</td>
<td>Revision of code list; single session defined.</td>
</tr>
<tr>
<td>01/01/11</td>
<td>New codes added to Family 2</td>
</tr>
<tr>
<td>04/29/11</td>
<td>Elimination of diagnostic imaging family</td>
</tr>
<tr>
<td>06/01/12</td>
<td>Revision of code list and changed name from BCBSF to Florida Blue</td>
</tr>
</tbody>
</table>
document or disclose its contents without the express written permission of Florida Blue. The medical
codes referenced in this document may be proprietary and owned by others. Florida Blue makes no
claim of ownership of such codes. Our use of such codes in this document is for explanation and
guidance and should not be construed as a license for their use by you. Before utilizing the codes,
please be sure that to the extent required, you have secured any appropriate licenses for such use.
Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The
AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to
government use. CPT® is a trademark of the American Medical Association.