



Reimbursement Policy

Subject: Multiple Radiology Payment Reduction

Effective Date:
03/15/18

Committee Approval Obtained:
09/28/17

Section: **Radiology**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. 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 as well as to the member's state of residence. 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 CPT codes, 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 both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

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

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Policy

Amerigroup allows reimbursement for multiple diagnostic imaging procedures, unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

	<p>Multiple diagnostic imaging procedures 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 during the same patient encounter.</p> <p>The global, professional component, and technical component of diagnostic imaging procedures will reimburse at 100 percent of the contracted/negotiated rate for each professional component and technical component service with the highest payment. Reimbursement of subsequent services is based on:</p> <ul style="list-style-type: none"> • 95 percent of the professional component. • 50 percent of the technical component. <p>A reduced allowance for the second and subsequent procedures <u>will not</u> apply when multiple imaging procedures are billed appended with Modifier 59 or X{EPSU} to indicate the procedure was done on the same day but not during the same session.</p> <p>A single imaging procedure is subject to the multiple imaging reductions when submitted with multiple units.</p> <p>NOTE: The PC modifier is defined as wrong surgery on a patient. It should not be used to represent the professional component of a service. Claims that incorrectly use this modifier may be denied. Claims with this modifier used incorrectly must be resubmitted as a corrected claim and indicate the appropriate coding for the service(s) rendered.</p>
<p>Exemptions</p>	<ul style="list-style-type: none"> • This policy is not applicable for the following markets: <ul style="list-style-type: none"> ○ Amerigroup in Florida ○ Amerigroup Kansas, Inc. ○ Amerigroup Community Care in Maryland ○ Amerigroup Texas, Inc. and Amerigroup Insurance Company • Medicare Advantage does not apply the multiple radiology payment reduction to CT scan services. • Amerigroup Washington, Inc. does not apply a multiple radiology payment reduction to Professional Component services.
<p>History</p>	<ul style="list-style-type: none"> • Review approved 12/15/17: Policy language updated • Review approved 09/28/17: Georgia exemption removed • Review approved 07/19/17 and effective 03/15/18: Policy language updated; Louisiana and Washington exemptions added • Biennial review approved 03/08/17: Policy language updated; Kansas and Medicare Advantage exemption added <ul style="list-style-type: none"> ○ Medicare Advantage exemption effective 09/15/17

	<ul style="list-style-type: none"> • Effective 12/31/15: Exited Florida Medicare • Effective 12/31/14: Exited Maryland Medicare • Effective 12/31/13: Exited New Mexico Medicaid (NOTE: We are still in for Medicare) • Effective 07/01/13: Exited Ohio • Initial policy approved and effective 04/09/12
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts
Definitions	<ul style="list-style-type: none"> • Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) • Modifier Usage
Related Materials	<ul style="list-style-type: none"> • None