

Reimbursement Policy	
Subject: Multiple Radiology Payment Reduction	
Policy Number: G-12002	Policy Section: Radiology
Last Approval Date: 08/15/2022	Effective Date: 08/15/2022

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.simplyhealthcareplans.com>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Simply Healthcare Plans, Inc. (Simply) Medicare Advantage if the service is covered by a member's 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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

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

Simply Medicare Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Simply Medicare Advantage strives to minimize these variations.

Simply Medicare Advantage 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 our provider website.

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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Policy

Simply Medicare Advantage allows professional and facility reimbursement for multiple diagnostic imaging procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

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. CT scan services are not subject to a multiple procedure payment reduction.

The global procedure, professional component, or technical component of diagnostic imaging procedures will reimburse at 100% of the contracted/negotiated rate for each professional component and technical component service with the highest payment. Reimbursement of subsequent services is based on:

- 95% of the professional component.
- 50% of the technical component.

A reduced allowance for the second and subsequent procedures will **not** 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.

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

Related Coding

Standard correct coding applies

Policy History

08/15/2022	Review approved: policy template updated; minor language changes to policy section
01/01/2021	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contracts

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)

Modifier 26 and TC: Professional and Technical Component

Modifier Usage