



BlueCross BlueShield of Vermont

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Corporate Payment Policy 09

MULTIPLE PROCEDURE PAYMENT REDUCTION – DIAGNOSTIC IMAGING PROCEDURES

Updated Effective January 1, 2021

Document Precedence

The Blue Cross and Blue Shield of Vermont (“BCBSVT”) Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member contracts and employer benefit documents, provider contracts, BCBSVT corporate medical policies, and BCBSVT’s claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the BCBSVT’s claim editing solution, the BCBSVT’s claim editing solution takes precedence.

Payment Policy

Description

When multiple diagnostic imaging procedures are performed in a single session, most of the facility clinical labor activities and most supplies, with the exception of digital, are not performed or furnished twice. Equipment time and indirect costs are allocated based on clinical labor time; therefore, these inputs should be reduced accordingly.

Policy

When designated multiple diagnostic imaging procedures are performed on the same patient in the same session and on the same day, the reimbursement for the technical component (Modifier TC) of the procedure with the greatest allowable (highest BCBSVT allowed amount) will be reimbursed at 100% of the fee schedule or other allowed amount. The reimbursement for the technical component of the second and each subsequent imaging procedure is 50% of the fee schedule or other allowed amount. Please see the List of Diagnostic Imaging Procedures that are subject to the Multiple Procedure Reduction, Appendix I.

The payment reduction will apply for either or both of the following:

- Multiple designated radiology procedures performed in the same session
- A single designated imaging procedure is submitted with more than one unit in the same session, including bilateral procedures.

Multiple procedure payment reduction will apply when two or more payable diagnostic imaging procedures are performed on the same patient at the same session. Payment reduction will be applied



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to the lower allowable diagnostic imaging procedures, including for bilateral services. A session is defined as a single patient encounter that encompasses all the services performed by the same physician or other health care provider.

In situations involving multiple diagnostic imaging services when the CT equipment does not meet NEMA Standard XR-29-2013, the procedures must be submitted with modifier -CT and a reduction in payment will be applied.

Payment reductions are applied to the eligible claim lines, after adjustment for multiple procedures as well as bilateral, multiple quantity, and additional payment modifiers.

This policy applies to both the professional component (PC or 26) and the technical component (TC) on both facility (UB-04) and professional claims (CMS-1500).

The percentage of our allowance reductions are as follows:

- Technical Component – 50%
- Professional Component – 95%

Not Eligible for Payment

A payment adjustment will not be considered when services are split billed, when the payment reduction was applied to the claim with the higher allowable (highest BCBSVT allowed amount).

A payment adjustment will not be applied to diagnostic imaging services that were not prior approved based on BCBSVT's list of services requiring prior approval, as claims for such services will deny for lack of prior approval.

Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible diagnostic imaging procedure services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form



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upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Provider Billing Guidelines and Documentation

When both a CPT-4 code and a HCPCS Level II code exist that describe the same service or procedure, bill with the CPT-4 unless otherwise directed.

Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

Audit Information:

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Policy Implementation/Update Information

Original Effective Date: 7/15/2017

Updated Effective January 1, 2021

Approved by

Date Approved: 10.1.2020

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APPENDIX I: List of Diagnostic Imaging Procedures Subject to Reduction

Please Note: This list may not be all-inclusive as the AMA and CMS code updates may occur more frequently than policy updates.



| CMS National Physician Fee Schedule Multiple Procedure Indicator 4 | |
|---|---|
| CPT Code | Description |
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) |
| 70450 | Computed tomography, head or brain; without contrast material |
| 70460 | Computed tomography, head or brain; with contrast material |
| 70470 | Computed tomography, head or brain, without contrast material, followed by contrast material(s) and further sections |
| 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material |
| 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material |
| 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections 70486 |
| 70486 | Computed tomography, maxillofacial area; without contrast material |
| 70487 | Computed tomography, maxillofacial area; with contrast material |
| 70488 | Computed tomography, maxillofacial area; without contrast material followed by contrast material(s) and further sections |
| 70490 | Computed tomography, soft tissue neck; without contrast material |
| 70491 | Computed tomography, soft tissue neck; with contrast material |
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections |
| 70496 | Computed tomographic angiography, head, with contrast material(s), including non-contrast images, if performed, and image postprocessing |
| 70498 | Computed tomographic angiography, neck, with contrast material(s), including non-contrast images, if performed, and image postprocessing |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck, without contrast material(s) |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck, with contrast material(s) |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck, without contrast material(s), followed by contrast material(s) and further sequences |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) |
| 70545 | Magnetic resonance angiography, head; with contrast material(s) |
| 70546 | Magnetic resonance angiography, head; without contrast material(s); followed by contrast material(s) and further sequences |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s) |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material |
| 70552 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); with contrast material |



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| 70553 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequencing |
| 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration |
| 71250 | Computed tomography, thorax; without contrast material |
| 71260 | Computed tomography, thorax; with contrast material |
| 71270 | Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections |
| 71275 | Computed tomographic angiography, chest (non-coronary) without contrast material(s), followed by contrast material(s) and further sections, including post-imaging processing |
| 71550 | Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material |
| 71551 | Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material |
| 71552 | Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material, followed by contrast material(s) and further sequences |
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), without or without contrast material(s) |
| 72125 | Computed tomography, cervical spine; without contrast material |
| 72126 | Computed tomography, cervical spine; with contrast material |
| 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sequences |
| 72128 | Computed tomography, thoracic spine; without contrast material |
| 72129 | Computed tomography, thoracic spine; with contrast material |
| 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sequences |
| 72131 | Computed tomography, lumbar spine; without contrast material |
| 72132 | Computed tomography, lumbar spine; with contrast material |
| 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sequences |
| 72141 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical, without contrast material |
| 72142 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical, with contrast material |
| 72146 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic, without contrast material |
| 72147 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic, with contrast material |
| 72148 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar, without contrast material |
| 72149 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar, with contrast material |



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| 72156 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material(s) and further sequences, cervical |
| 72157 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material(s) and further sequences, thoracic |
| 72158 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material(s) and further sequences, lumbar |
| 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) |
| 72191 | Computed tomographic angiography, pelvis; without contrast material, followed by contrast material(s) and further sections, including image post-processing |
| 72192 | Computed tomographic angiography, pelvis; without contrast material |
| 72193 | Computed tomographic angiography, pelvis; with contrast material |
| 72194 | Computed tomography pelvis; without contrast material, followed by contrast material(s) and further sections |
| 72195 | Magnetic resonance (e.g., proton) imaging, pelvis, without contrast material |
| 72196 | Magnetic resonance (e.g., proton) imaging, pelvis, with contrast material |
| 72197 | Magnetic resonance (e.g., proton) imaging, pelvis, without contrast material, followed by contrast material(s) and further sequences |
| 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) |
| 73200 | Computed tomography, upper extremity, without contrast material |
| 73201 | Computed tomography, upper extremity, with contrast material(s) |
| 73202 | Computed tomography, upper extremity, without contrast material, followed by contrast material(s) and further sequences |
| 73206 | Computed tomography, upper extremity, without contrast material, followed by contrast material(s) and further sections, including image post-processing |
| 73218 | Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint, without contrast material |
| 73219 | Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint, with contrast material |
| 73220 | Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint, without contrast material, followed by contrast material(s) and further sequences |
| 73221 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity, without contrast material |
| 73222 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity, with contrast material |
| 73223 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity, without contrast material(s) followed by contrast material(s) and further sequences |
| 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material |
| 73700 | Computed tomography, lower extremity, without contrast material |
| 73701 | Computed tomography, lower extremity, with contrast material(s) |
| 73702 | Computed tomography, lower extremity, without contrast material, followed by contrast material(s) and further sequences |
| 73706 | Computed tomography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |



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| 73718 | Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint, without contrast material |
| 73719 | Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint, with contrast material |
| 73720 | Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint, without contrast material, followed by contrast material(s) and further sequences |
| 73721 | Magnetic resonance (e.g., proton) imaging, any joint of lower extremity, without contrast material |
| 73722 | Magnetic resonance (e.g., proton) imaging, any joint of lower extremity, with contrast material |
| 73723 | Magnetic resonance (e.g., proton) imaging, any joint of lower extremity, without contrast material(s) followed by contrast material(s) and further sequences |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material |
| 74150 | Computed tomography, abdomen, without contrast material |
| 74160 | Computed tomography, abdomen, with contrast material |
| 74170 | Computed tomography, abdomen and pelvis, without contrast material, followed by contrast material(s) and further sections |
| 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including non-contrast images, if performed, and image post-processing |
| 74175 | Computed tomographic angiography, abdomen; without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 74176 | Computed tomography, abdomen and pelvis, without contrast material |
| 74177 | Computed tomography, abdomen and pelvis, with contrast material |
| 74178 | Computed tomography, abdomen and pelvis, without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions |
| 74181 | Magnetic resonance (e.g. proton) imaging, abdomen, without contrast material(s) |
| 74182 | Magnetic resonance (e.g. proton) imaging, abdomen, with contrast material(s) |
| 74183 | Magnetic resonance (e.g., proton) imaging, abdomen, without contrast material(s) followed by contrast material(s) and further sequences |
| 74185 | Magnetic resonance angiography, abdomen with or without contrast material |
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image post-processing, without contrast material |
| 74762 | Computed tomographic (CT) colonography, diagnostic, including image post-processing, with contrast material(s) including non-contrast images, if performed |
| 74712 | Magnetic resonance (e.g., proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation |
| 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material |
| 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging |
| 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences |



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| 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging |
| 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium |
| 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) |
| 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed) |
| 74474 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing |
| 76604 | Ultrasound, chest (includes mediastinum), real time with image documentation |
| 76700 | Ultrasound, abdominal, real time with image documentation, complete |
| 76705 | E Ultrasound, abdominal, real time with image documentation, limited (e.g., single organ, quadrant, follow-up) |
| 76770 | Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation, complete |
| 76775 | Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation, limited |
| 76776 | Ultrasound, transplanted kidney, real time with duplex Doppler with image documentation |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed |
| 76856 | Ultrasound, pelvic (non-obstetric), real time with image documentation, complete |
| 76857 | Ultrasound, pelvic (non-obstetric), real time with image documentation, limited or follow up (e.g., for follicles) |
| 76870 | Ultrasound, scrotum and contents |
| 77058 | Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral |
| 77509 | Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral |

| HCPCS Code | Description |
|------------|---|
| G0297 | Low dose CT scan (ldct) for lung cancer screening |