



MULTIPLE PROCEDURE PAYMENT REDUCTION ON THE TECHNICAL COMPONENT (TC) OF DIAGNOSTIC CARDIOVASCULAR AND OPHTHALMOLOGY PROCEDURES

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Description

Many diagnostic services are composed of a technical and a professional component. The technical component refers to the equipment and technician utilized during performance of the test. The professional component refers to the interpretation (or reading) of the results of a test.

When multiple diagnostic services are furnished to the same patient on the same day, most of the clinical labor activities and most supplies are not performed or furnished twice. The following clinical labor activities are performed once during the session and are duplicated for subsequent procedures, creating an overlap in the services comprising the separately billed technical components:

- Greeting the patient
- Positioning and escorting the patient
- Providing education and obtaining consent
- Retrieving prior exams
- Setting up the IV
- Preparing and cleaning the room

In addition, the supplies used are not duplicated for subsequent procedures.

The reduced payment for additional procedures is based on the concept that, when services are rendered together, there are efficiencies that occur that would result in duplicate payment of practice expenses and pre- and post-procedure work if all procedures were paid in full.

The multiple procedure payment reduction on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient on the same day during the same session. The multiple procedure payment reductions apply independently to cardiovascular and ophthalmology series. The reductions apply to technical-only services, and to the technical component of global services.

Policy

When multiple diagnostic cardiovascular services are performed during the same outpatient patient session, the allowance for the technical component of the primary procedure is 100%. The allowance for the technical component of the second and each subsequent imaging procedure is 75%.

When multiple diagnostic ophthalmology services are performed during the same outpatient patient session, the allowance for the technical component of the primary procedure is 100%. The allowance for the technical component of the second and each subsequent imaging procedure is 80%.



Reimbursement Guidelines

Reimbursement will be determined based on 100% of the allowed amount for the primary procedure. The primary procedure is considered the service with the higher RVU of current year NC Medicare rates.

Services provided on an inpatient basis are not subject to the reduced allowance for the overlapping technical components.

When multiple procedures are obtained on the same patient in the same setting and billed on a global basis (technical and professional fees billed on one claim line), reduced allowance applies to the technical component only.

When the reduced allowance is applicable

The reduced allowance for the technical component of the second and subsequent procedures will apply when:

- Multiple procedures are performed on the same patient during the same outpatient session.
- A single procedure is submitted with multiple units.

When the reduced allowance is not applicable

The reduced allowance for the technical component of the second and subsequent procedures will not apply when:

- Multiple procedures are billed, appended with the appropriate modifier to indicate the procedure was done on the same day but not during the same session.
- If a global fee is charged by one provider, an additional component fee from another provider will not be reimbursed. (Global fees include both a professional and technical component.)

Multiple procedure payment reductions do not apply to professional component services.

Rationale

In accordance with CMS, Blue Cross Blue Shield North Carolina (Blue Cross NC) will reduce reimbursement for multiple cardiovascular and ophthalmology services.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Diagnostic Cardiovascular Services Subject To Multiple Procedure Payment Reduction

CPT® Code	Description
75600	Contrast exam thoracic aorta



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75605	Contrast exam thoracic aorta
75625	Contrast exam abdominl aorta
75630	X-ray aorta leg arteries
75705	Artery x-rays spine
75710	Artery x-rays arm/leg
75716	Artery x-rays arms/legs
75726	Artery x-rays abdomen
75731	Artery x-rays adrenal gland
75733	Artery x-rays adrenals
75736	Artery x-rays pelvis
75741	Artery x-rays lung
75743	Artery x-rays lungs
75746	Artery x-rays lung
75756	Artery x-rays chest
75809	Nonvascular shunt x-ray
75820	Vein x-ray arm/leg
75822	Vein x-ray arms/legs
75825	Vein x-ray trunk
75827	Vein x-ray chest
75831	Vein x-ray kidney
75833	Vein x-ray kidneys
75840	Vein x-ray adrenal gland
75842	Vein x-ray adrenal glands
75860	Vein x-ray neck
75870	Vein x-ray skull
75872	Vein x-ray skull epidural
75880	Vein x-ray eye socket
75885	Vein x-ray liver w/hemodynam
75887	Vein x-ray liver w/o hemodyn
75889	Vein x-ray liver w/hemodynam
75891	Vein x-ray liver
75893	Venous sampling by catheter
78428	Cardiac shunt imaging
78445	Vascular flow imaging
78451	Ht muscle image spect sing
78452	Ht muscle image spect mult
78453	Ht muscle image planar sing
78454	Ht musc image planar mult
78456	Acute venous thrombus image
78457	Venous thrombosis imaging
78458	Ven thrombosis images bilat
78466	Heart infarct image



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78468	Heart infarct image (ef)
78469	Heart infarct image (3d)
78472	Gated heart planar single
78473	Gated heart multiple
78481	Heart first pass single
78483	Heart first pass multiple
78494	Heart image spect
93000	Electrocardiogram complete
93005	Electrocardiogram tracing
93015	Cardiovascular stress test
93017	Cardiovascular stress test
93024	Cardiac drug stress test
93025	Microvolt t-wave assess
93040	Rhythm ecg with report
93041	Rhythm ecg tracing
93050	Art pressure waveform analys
93224	Ecg monit/reprt up to 48 hrs
93225	Ecg monit/reprt up to 48 hrs
93226	Ecg monit/reprt up to 48 hrs
93229	Remote 30 day ecg tech supp
93241	Ext ecg>48hr<7d rec scan a/r
93242	Ext ecg>48hr<7d recording
93243	Ext ecg>48hr<7d scan a/r
93245	Ext ecg>7d<15d rec scan a/r
93246	Ext ecg>7d<15d recording
93247	Ext ecg>7d<15d scan a/r
93260	Prgrmg dev eval impltbl sys
93261	Interrogate subq defib
93268	Ecg record/review
93270	Remote 30 day ecg rev/report
93271	Ecg/monitoring and analysis
93278	Ecg/signal-averaged
93279	Prgrmg dev eval pm/ldls pm
93280	Pm device progr eval dual
93281	Pm device progr eval multi
93282	Prgrmg eval implantable dfb
93283	Prgrmg eval implantable dfb
93284	Prgrmg eval implantable dfb
93285	Prgrmg dev eval scrms ip
93286	Peri-px eval pm/ldls pm ip
93287	Peri-px device eval & prgr
93288	Interrog evl pm/ldls pm ip



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93289	Interrog device eval heart
93290	Interrog dev eval icpms ip
93291	Interrog dev eval scrms ip
93292	Wcd device interrogate
93303	Echo transthoracic
93304	Echo transthoracic
93306	Tte w/doppler complete
93307	Tte w/o doppler complete
93308	Tte f-up or lmtd
93312	Echo transesophageal
93314	Echo transesophageal
93318	Echo transesophageal intraop
93350	Stress tte only
93351	Stress tte complete
93701	Bioimpedance cv analysis
93702	Bis xtracell fluid analysis
93724	Analyze pacemaker system
93784	Ambi bp mntr w/software
93786	Ambi bp mntr w/sw rec only
93788	Ambi bp mntr w/sw a/r
93880	Extracranial bilat study
93882	Extracranial uni/ltd study
93886	Intracranial complete study
93888	Intracranial limited study
93890	Tcd vasoreactivity study
93892	Tcd emboli detect w/o inj
93893	Tcd emboli detect w/inj
93895	Carotid intima atheroma eval
93922	Upr/l xtremity art 2 levels
93923	Upr/lxtr art stdy 3+ lvls
93924	Lwr xtr vasc stdy bilat
93925	Lower extremity study
93926	Lower extremity study
93930	Upper extremity study
93931	Upper extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
93978	Vascular study
93979	Vascular study
93980	Penile vascular study



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93981	Penile vascular study
93985	Dup-scan hemo compl bi std
93986	Dup-scan hemo compl uni std
93990	Doppler flow testing

Diagnostic Ophthalmology Services Subject To Multiple Procedure Payment Reduction

CPT® / HCPCS Code	Description
76510	Oph us dx b-scan&quan a-scan
76511	Oph us dx quan a-scan only
76512	Oph us dx b-scan
76513	Oph us dx ant sgm us uni/bi
76514	Echo exam of eye thickness
76516	Echo exam of eye
76519	Echo exam of eye
92025	Corneal topography
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92132	Cmptr ophth dx img ant segmt
92133	Cmptr ophth img optic nerve
92134	Cptr ophth dx img post segmt
92136	Ophthalmic biometry
92145	Corneal hysteresis deter
92228	Img rta detc/mntr ds phy/qhp
92229	Img rta detc/mntr ds poc aly
92235	Fluorescein angrph uni/bi
92240	Icg angiography uni/bi
92242	Fluorescein icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92273	Full field erg w/i&r
92274	Multifocal erg w/i&r
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography
0506T	Mac pgmt opt dns meas hfp



0507T	Near ifr 2img mibmn glnd i&r
0509T	Pattern erg w/i&r

Related policy

[Bundling Guidelines](#)

[Modifier Guidelines](#)

[Multiple Surgical Procedure Guidelines for Professional Providers](#)

[Pricing and Adjudication Principles for Professional Providers](#)

[Radiology Services Reimbursement Policy](#)

References

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1149OTN.pdf>

History

5/26/17	New policy developed. When multiple diagnostic cardiovascular services are performed during the same outpatient patient session, the allowance for the technical component of the primary procedure is 100%. The allowance for the technical component of the second and each subsequent imaging procedure is 75%. When multiple diagnostic ophthalmology services are performed during the same outpatient patient session, the allowance for the technical component of the primary procedure is 100%. The allowance for the technical component of the second and each subsequent imaging procedure is 80%. Notification 5/26/2017 for policy effective date 8/1/2017. (an)
12/29/17	Routine review. No change to current policy. (an)
12/31/18	Routine review. 2019 code update. Deleted code 75658. Added codes 0509T, 92145, 92242, 92273, 92274, 93050, 93260, 93261, 93702, 93895. No change to policy statement or guidelines. (an)
1/14/20	Routine policy review. Senior medical director approved 12/2019. No changes to policy statement. (AN)
12/31/20	Routine policy review. Medical director approved 12/2020. New codes 92229, 93241, 93242, 93243, 93245, 93246, and 93247 added to coding section. added codes 0506t, 0507t, 0508t, 93985, and 93986. Removed code 92275. No changes to policy statement. Policy notification given 12/31/2020 for effective date 3/9/2021. (eel)
6/9/21	Policy format update. No changes to policy statement. (eel)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.



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This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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