



## RADIOLOGY SERVICES REIMBURSEMENT POLICY

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Next Review: 12/2021

### Description

Many diagnostic services are composed of a technical and a professional component.

The **technical component** refers to the equipment and technician performing the test. It is identified by adding modifier -TC to the procedure code.

The **professional component** refers to the interpretation of the results of the test. When the professional component is reported separately the service may be identified by adding modifier -26 to the procedure code. Interpretation of a diagnostic procedure includes a written report.

When multiple diagnostic imaging services are performed during a single session, 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.

### Policy

**The multiple procedure payment reduction on diagnostic imaging applies when multiple services are furnished by the same physician or physicians in the same group practice, to the same patient, in the same session, on the same day. 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 50%. The allowance for the professional component of the primary procedure is 100%. The allowance for the professional component of the second and each subsequent imaging procedure is 95%.**

### 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.

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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 professional and technical components.

This policy applies to the following imaging procedures:

- Ultrasound
- MRI/MRA
- CT/CTA

High tech imaging services (CT, MRI, PET) in an outpatient setting may require prior review.

**When the reduced allowance for technical components of multiple radiology services will be applicable:**

The multiple procedure reduction applies to individual providers who furnish multiple services to the same patient in the same session on the same day as well as to providers in the same group practice who furnish multiple services to the same patient in the same session on the same day.

**When the reduced allowance for technical components of multiple radiology services will not be applicable:**

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

- Multiple procedures are billed, appended with an 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.)

**Rationale**

In accordance with CMS, Blue Cross Blue Shield North Carolina (Blue Cross NC) will reduce reimbursement for multiple radiology 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.bcsnc.com](http://www.bcsnc.com). They are listed in the Category Search on the Medical Policy search page.

CPT® Code / Modifier	Description
70336	Magnetic image jaw joint
70450	Ct head/brain w/o dye
70460	Ct head/brain w/dye



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70470	Ct head/brain w/o & w/dye
70480	Ct orbit/ear/fossa w/o dye
70481	Ct orbit/ear/fossa w/dye
70482	Ct orbit/ear/fossa w/o&w/dye
70486	Ct maxillofacial w/o dye
70487	Ct maxillofacial w/dye
70488	Ct maxillofacial w/o & w/dye
70490	Ct soft tissue neck w/o dye
70491	Ct soft tissue neck w/dye
70492	Ct sft tsue nck w/o & w/dye
70496	Ct angiography head
70498	Ct angiography neck
70540	Mri orbit/face/neck w/o dye
70542	Mri orbit/face/neck w/dye
70543	Mri orbt/fac/nck w/o &w/dye
70544	Mr angiography head w/o dye
70545	Mr angiography head w/dye
70546	Mr angiograph head w/o&w/dye
70547	Mr angiography neck w/o dye
70548	Mr angiography neck w/dye
70549	Mr angiograph neck w/o&w/dye
70551	Mri brain stem w/o dye
70552	Mri brain stem w/dye
70553	Mri brain stem w/o & w/dye
70554	Fmri brain by tech
71250	Ct thorax dx c-
71260	Ct thorax dx c+
71270	Ct thorax dx c-/c+
71271	Ct thorax lung cancer scr c-
71275	Ct angiography chest
71550	Mri chest w/o dye
71551	Mri chest w/dye
71552	Mri chest w/o & w/dye
71555	Mri angio chest w or w/o dye
72125	Ct neck spine w/o dye
72126	Ct neck spine w/dye
72127	Ct neck spine w/o & w/dye



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72128	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o & w/dye
72131	Ct lumbar spine w/o dye
72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o & w/dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye
72156	Mri neck spine w/o & w/dye
72157	Mri chest spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye
72159	Mr angio spine w/o&w/dye
72191	Ct angiograph pelv w/o&w/dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/dye
72194	Ct pelvis w/o & w/dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/dye
72197	Mri pelvis w/o & w/dye
72198	Mr angio pelvis w/o & w/dye
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct uppr extremity w/o&w/dye
73206	Ct angio upr extrm w/o&w/dye
73218	Mri upper extremity w/o dye
73219	Mri upper extremity w/dye
73220	Mri uppr extremity w/o&w/dye
73221	Mri joint upr extrem w/o dye
73222	Mri joint upr extrem w/dye
73223	Mri joint upr extr w/o&w/dye
73225	Mr angio upr extr w/o&w/dye
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye



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73702	Ct lwr extremity w/o&w/dye
73706	Ct angio lwr extr w/o&w/dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lwr extremity w/o&w/dye
73721	Mri jnt of lwr extre w/o dye
73722	Mri joint of lwr extr w/dye
73723	Mri joint lwr extr w/o&w/dye
73725	Mr ang lwr ext w or w/o dye
74150	Ct abdomen w/o dye
74160	Ct abdomen w/dye
74170	Ct abdomen w/o & w/dye
74174	Ct angio abd&pelv w/o&w/dye
74175	Ct angio abdom w/o & w/dye
74176	Ct abd & pelvis w/o contrast
74177	Ct abd & pelv w/contrast
74178	Ct abd & pelv 1/> regns
74181	Mri abdomen w/o dye
74182	Mri abdomen w/dye
74183	Mri abdomen w/o & w/dye
74185	Mri angio abdom w orw/o dye
74261	Ct colonography dx
74262	Ct colonography dx w/dye
74712	Mri fetal sngl/1st gestation
75557	Cardiac mri for morph
75559	Cardiac mri w/stress img
75561	Cardiac mri for morph w/dye
75563	Card mri w/stress img & dye
75571	Ct hrt w/o dye w/ca test
75572	Ct hrt w/3d image
75573	Ct hrt w/3d image congen
75574	Ct angio hrt w/3d image
75635	Ct angio abdominal arteries
76391	Mr elastography
76604	Us exam chest
76700	Us exam abdom complete
76705	Echo exam of abdomen



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76770	Us exam abdo back wall comp
76775	Us exam abdo back wall lim
76776	Us exam k transpl w/doppler
76831	Echo exam uterus
76856	Us exam pelvic complete
76857	Us exam pelvic limited
76870	Us exam scrotum
76978	Us trgt dyn mbubb 1st les
76981	Use parenchyma
76982	Use 1st target lesion
77046	Mri breast c- unilateral
77047	Mri breast c- bilateral
77048	Mri breast c-+ w/cad uni
77049	Mri breast c-+ w/cad bi
0648T	Quantitative magnetic resonance for analysis of tissue composition

## Related policy

[Bundling Guidelines](#)

[Modifier Guidelines](#)

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

[Multiple Procedure Payment Reduction on the Technical Component \(TC\) of Diagnostic Cardiovascular and Ophthalmology Procedures](#)

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

## References

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c13.pdf>

## History

11/21/12	Notification for policy effective date 1/21/2013. Note: this article is revised from the original version and replaces any other versions released. This medical policy was previously issued and later retracted pending an administrative hearing with the North Carolina Department of Insurance (NCDOI). The hearing process is now complete, and this policy is being reissued consistent with the hearing decision. You can view the NCDOI's final decision granting summary judgment in favor of BCBSNC on our website or at <a href="http://www.ncdoi.com">www.ncdoi.com</a> .
5/26/17	Minor changes to Description section for clarity. Policy statement revised to read: <b>The multiple procedure payment reduction on diagnostic imaging applies when multiple</b>



	<p><b>services are furnished by the same physician or physicians in the same group practice, to the same patient, in the same session, on the same day. 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 50%.</b> The “when reductions are applied” section revised to read: The multiple procedure reduction applies to individual providers who furnish multiple services to the same patient in the same session on the same day as well as to providers in the same group practice who furnish multiple services to the same patient in the same session on the same day. The following statement was added to the “when reductions are not applied” section: Multiple procedure payment reductions do not apply to professional component services. The following were added to the list of applicable codes: 70336, 70554, 72159, 73225, 74174, 75557, 75559, 75571, 75572, 75573, 75574, 76776, 76870. Code 76778 was deleted. <b>Notification 5/26/2017 for policy effective date 8/1/2017. (an)</b></p>
11/16/17	<p>Policy statement revised with the addition of the following statement: The allowance for the professional component of the primary procedure is 100%. The allowance for the professional component of the second and each subsequent imaging procedure is 95%. The following statement was <b>removed</b> from the “Not Applicable” section: Multiple procedure payment reductions do not apply to professional component services. <b>Notification 11/16/2017 for policy effective date 1/15/2018. (an)</b></p>
12/31/18	<p>Routine review. No change to policy. (an)</p>
1/14/20	<p>Routine policy review. Senior medical director approved 12/2019. No changes to policy statement. (an)</p>
12/31/20	<p>Routine policy review. Coding section updated with new code 71271. Added codes 74712, 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049. Removed codes 77058 and 77059. Medical director approved 12/2020. No changes to policy statement. <b>Policy notification given 12/31/2020 for effective date 3/9/2021. (eel)</b></p>
6/9/21	<p>Policy format update. No changes to policy statement. (eel)</p>
7/1/21	<p>Coding section updated with new code 0648T. (eel)</p>

## 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.

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.



## Commercial Reimbursement Policy

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