

		Reimbursement Policy		
Subject: Multiple Radiology Payment Reduction				
Effective Date: 04/20/18	Committee Approval (04/20/18	btained: Section: Radiology		
*****The most current version of our 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.healthybluela.com.****				

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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, Healthy Blue may:

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

Healthy Blue 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Healthy Blue strives to minimize these variations.

Healthy Blue 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.

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	Healthy Blue allows professional and facility reimbursement for multiple diagnostic imaging procedures unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.
Policy	Multiple diagnostic imaging procedures will not be subject to a multiple procedure payment reduction when services are performed by the same provider or provider group on the same date of service during the same patient encounter.
History	 Biennial review approved and effective 04/20/18: Professional and facility reimbursement language added Review approved 12/15/17: Provider group updated

	 Review approved 09/28/17: Policy template updated Effective 09/01/17: Policy template updated Review approved and effective 07/19/17: Policy template updated Biennial review approved 03/08/17: "Certain" language updated Review approved 07/14/16: Policy template updated 	
	Initial approval and effective date 04/09/12	
References and Research Materials	 This policy has been developed through consideration of the following: CMS State Medicaid State contracts 	
Definitions	General Reimbursement Policy Definitions	
Related Policies	 Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) Modifier Usage 	
Related Materials	• None	