

		Reimbu	rsement Policy	
Subject: Multiple Radiology Payment Reduction				
Effective Date: 06/24/20	Committee Approval Obtained: 06/24/20		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 claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's 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, Healthy Blue Dual Advantage may:				
 Reject or deny the claim. Recover and/or recoup claim payment. Healthy Blue Dual 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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, Healthy Blue Dual Advantage strives to minimize these variations.				
Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.				
	Healthy Blue Dual Adv reimbursement for mul- provider, state, federal otherwise.	tiple diagnostic imag	2	
	procedure payment red	uction when services	Il be subject to a multiple s are performed by the same e of service during the same	

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	 member encounter. CT scan services are not subject to a multiple procedure payment reduction. The global, Professional Component and 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 allowance. Reimbursement of subsequent procedures 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 reported 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.	
History	 Biennial review approved and effective 06/24/20: Minor word changes Initial approval and effective date 01/01/20 	
References and	This policy has been developed through consideration of the following:	
Research	• CMS	
Materials	• State contract	
Definitions	General Reimbursement Policy Definitions.	
Related Policies	 Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) Modifier Usage 	
Related Materials	• None	