<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>This policy describes reimbursement for multiple diagnostic imaging services performed on the same date of service.</td>
</tr>
<tr>
<td>Policy Statement</td>
<td>Medica applies multiple procedure reduction when more than one diagnostic imaging procedure is performed in a single session to the same patient on the same day by providers who report under the same federal tax identification number (TIN). Certain components of these services include most of the clinical labor activities and most supplies, with the exception of film, are not performed or furnished twice. Equipment time and indirect costs are allocated based on clinical labor time, so these efforts should be reduced accordingly. Therefore, payment at 100% for secondary and subsequent diagnostic imaging procedure(s) would represent reimbursement for duplicative components of the primary procedure. This policy aligns with the Centers for Medicare and Medicaid Services (CMS). Medica will consider codes in the National Physician Fee Schedule (NPFS) with Multiple Procedure Indictor (MPI) of 4 performed in a single session as eligible for Multiple Procedure Payment Reductions (MPPR) for Diagnostic Imaging. Different MPPR for Diagnostic Imaging percentages apply to the professional component (PC) and technical component (TC) portion of global services.</td>
</tr>
<tr>
<td>Multiple Diagnostic Imaging Reductions</td>
<td>When the professional component for two or more imaging procedures subject to MPPR for Diagnostic Imaging are performed on the same patient by the same physician during the same session, the allowed amount for the procedure with the highest RVU will be paid at 100% of the allowable amount; the second and subsequent procedure(s) will be paid at 95% of the allowable amount. In addition, when the technical component for two or more imaging procedures subject to MPPR for Diagnostic Imaging are performed on the same patient by the same physician during the same session, the allowed amount for the procedure with the highest RVU will be paid at 100% of the allowable amount; the second and subsequent procedure(s) will be paid at 50% of the allowable amount. When a provider bills globally for two or more procedures subject to MPPR for Diagnostic Imaging that are performed on the same patient by the same physician during the same session, the charge for the global procedure(s) will be divided into the PC and TC (indicated by modifiers 26 and TC) using the Medica Professional/Technical percentage splits. The RVUs assigned to each component (PC and TC) will determine which code will be ranked as primary, with no reduction in reimbursement for secondary procedures.</td>
</tr>
</tbody>
</table>
applied. Those that will be ranked as secondary or subsequent will have reductions applied. The components (26 or TC) will be ranked independently of each other utilizing the CMS Total Non-Facility RVUs. The table below shows an example of how reimbursement is determined for services subject to this policy when those services are furnished to a patient on a single date of service by providers reporting under the same federal tax identification number (TIN).

Note: RVU values in this example may not accurately reflect the current NPFS and are intended for illustrative purposes only.

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>PC Non-Facility Total RVU</th>
<th>TC Non-Facility Total RVU</th>
<th>RVU used for Ranking</th>
<th>Multiple Diagnostic Imaging Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>76604</td>
<td>26</td>
<td>.78</td>
<td>Not applicable</td>
<td>.78</td>
<td>2 - Secondary</td>
</tr>
<tr>
<td>76604</td>
<td>TC</td>
<td>Not applicable</td>
<td>1.73</td>
<td>1.73</td>
<td>2 - Secondary</td>
</tr>
<tr>
<td>76831</td>
<td>26</td>
<td>1.06</td>
<td>Not applicable</td>
<td>1.06</td>
<td>1 - Primary</td>
</tr>
<tr>
<td>76831</td>
<td>TC</td>
<td>Not applicable</td>
<td>2.47</td>
<td>2.47</td>
<td>1 - Primary</td>
</tr>
</tbody>
</table>

76831-26 has the higher PC total RVU of 1.06; therefore, it would be primary and would be reimbursed at 100% of the Allowable Amount for the PC.

76604-26 has the lower PC total RVU of .78 and would be reimbursed at 95% of the Allowable Amount for the PC.

76831-TC has the higher TC total RVU of 2.47; therefore, it would be primary and would be reimbursed at 100% of the Allowable Amount for the TC.

76604-TC has the lower TC total RVU of 1.73 and would be reimbursed at 50% of the Allowable Amount for the TC.

MPPR for Diagnostic Imaging will not apply when multiple diagnostic imaging procedures are appended with Modifier 59 or Modifier XE to indicate the procedure was performed on the same day but not during the Same Session.

Modifiers

**Modifier 59** – Distinct Procedural Service

**Modifier XE** – Separate encounter. A service that is distinct because it occurred during a separate encounter.

Definitions

**Same physician** – Physicians or health care professionals of the same group and same specialty reporting the same federal tax identification number (TIN).
Code Lists

MPPR for Diagnostic Imaging Code List

Resources

- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- National Physician Fee Schedule (NPFS)

Effective Date

05/21/2016

Revision Updates

01/01/2019  Code list update
01/01/2018  Code list update
06/08/2017  Annual policy review
01/01/2017  Change in percentage for professional component (PC) for second and subsequent procedure