	Reimbursement 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.amerigroup.com/IA**.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Iowa, Inc. 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, Amerigroup may:
- Reject or deny the claim.
- Recover and/or recoup claim payment.

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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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

Amerigroup 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 this site.

Policy	Amerigroup allows professional reimbursement for multiple diagnostic imaging procedures unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. This policy does not apply to facility reimbursement. Multiple diagnostic imaging procedures will 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 member encounter.
	The global, Professional component and Technical Component of diagnostic imaging procedures will reimburse at 100% of the contracted/negotiated rate for each professional and technical component service with the highest allowance. Reimbursement of subsequent procedures is based on: • 95% of the Professional Component. • 50% for the Technical Component of subsequent services. 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 • Biennial review approved and effective **04/20/18**: Professional and facility reimbursement language added • Review approved **12/15/17**: Provider group and X{EPSU} modifiers language added; repetitive language removed • Review approved **09/28/17**: Policy template updated • Update due to regulatory directive: Professional component reduction language updated, effective **01/01/17** • Review approved and effective **07/19/17**: Professional component reduction language added • Biennial review approved **03/08/17**: Certain language removed • Review approved **07/14/16**: Policy template updated • Initial approval and effective date **04/01/16**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup contract
Definitions	• **General Reimbursement Policy Definitions**
Related Policies	• Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) • Modifier Usage
Related Materials	• None