

Reimbursement Policy

Subject: **Multiple Radiology Payment Reduction**

Policy Number: **G-12002**

Policy Section: **Radiology**

Last Approval Date: **08/15/2022**

Effective Date: **08/15/2022**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.amerigroup.com/TX>. ****

Disclaimer

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 STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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 STAR+PLUS MMP may:

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

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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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

Amerigroup STAR+PLUS MMP 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 our provider website.

<https://provider.amerigroup.com/TX>

Policy

Amerigroup STAR+PLUS MMP allows professional and facility reimbursement for multiple diagnostic imaging procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Multiple diagnostic imaging procedures will be subject to a multiple procedure payment reduction (MPPR) when services are performed by the same provider or provider group on the same date of service during the same patient encounter. CT scan services are not subject to a MPPR.

The global procedure, professional component, or 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 payment.

Reimbursement of subsequent services 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 billed appended 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.

Exemptions

Amerigroup Community Care in Texas and Amerigroup Insurance Company, in compliance with Texas Medicaid Provider Procedures Manual (TMPPM), is not subject to this policy.

Related Coding

Standard correct coding applies

Policy History

08/15/2022	Review approved: policy template updated policy organized according to new policy template ; minor language changes to the policy and exemption sections
06/24/2020	Review approved: minor word changes
04/20/2018	Review approved: professional and facility reimbursement language added
12/15/2017	Review approved: provider group and X{EPSU} modifiers language added; repetitive language removed
09/28/2017	Review approved: policy template updated
07/19/2017	Review approved 07/19/2017 and effective 03/15/2018: professional component reduction language added
04/03/2017	Initial approval 04/03/2017 and effective 10/01/2017

References and Research Materials

This policy has been developed through consideration of the following:

- CMS policies
- Texas Health and Human Services Commission (HHSC)
- Amerigroup STAR+PLUS MMP contract with HHSC

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)

Modifier 26 and TC: Professional and Technical Component

Modifier Usage