

Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: January 1, 2026

Revised Date: January 2026

Date Reviewed: December 2025

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to the technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to the technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to the technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 71260 | 72141 | 72197 | 73706 | 74181 | 76016 | 76981 | 0865T |
| 70450 | 70498 | 71271 | 72142 | 72198 | 73718 | 74182 | 76017 | 76982 | 0876T |
| 70460 | 70542 | 71275 | 72146 | 73200 | 73719 | 74183 | 76018 | 77046 | 0898T |
| 70470 | 70543 | 71550 | 72147 | 73201 | 73720 | 74185 | 76019 | 77047 | 0944T |
| 70471 | 70544 | 71551 | 72148 | 73202 | 73721 | 74261 | 76391 | 77048 | 0946T |
| 70473 | 70545 | 71552 | 72149 | 73206 | 73722 | 74262 | 76604 | 77049 | 0947T |
| 70480 | 70546 | 71555 | 72156 | 73218 | 73723 | 74712 | 76700 | 78306 | 0972T |
| 70481 | 70547 | 72125 | 72157 | 73219 | 73725 | 75557 | 76705 | 78802 | |
| 70482 | 70548 | 72126 | 72158 | 73220 | 74150 | 75559 | 76770 | 78803 | |
| 70486 | 70549 | 72127 | 72159 | 73221 | 74160 | 75561 | 76775 | 0689T | |
| 70487 | 70551 | 72128 | 72191 | 73222 | 74170 | 75563 | 76831 | 0697T | |
| 70488 | 70552 | 72129 | 72192 | 73223 | 74174 | 75572 | 76856 | 0721T | |
| 70490 | 70553 | 72130 | 72193 | 73225 | 74176 | 75573 | 76857 | 0723T | |
| 70491 | 70554 | 72131 | 72194 | 73701 | 74177 | 75574 | 76870 | 0807T | |
| 70492 | 71250 | 72132 | 72196 | 73702 | 74178 | 75635 | 76978 | 0808T | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75809 | 75891 | 78473 | 93226 | 93280 | 93306 | 93882 | 93975 | 0897T |
| 75605 | 75820 | 75893 | 78481 | 93229 | 93281 | 93307 | 93886 | 93976 | 0902T |
| 75625 | 75822 | 78428 | 78483 | 93241 | 93282 | 93308 | 93888 | 93978 | 0903T |
| 75630 | 75825 | 78445 | 78494 | 93242 | 93283 | 93312 | 93892 | 93979 | 0904T |
| 75705 | 75827 | 78451 | 93000 | 93243 | 93284 | 93314 | 93893 | 93980 | 0926T |
| 75710 | 75831 | 78452 | 93005 | 93245 | 93285 | 93318 | 93895 | 93981 | 0927T |
| 75716 | 75833 | 78453 | 93015 | 93246 | 93286 | 93350 | 93922 | 93985 | 0938T |
| 75726 | 75840 | 78454 | 93017 | 93247 | 93287 | 93351 | 93923 | 93986 | 0939T |
| 75731 | 75860 | 78456 | 93024 | 93260 | 93288 | 93701 | 93924 | 93990 | 0962T |
| 75733 | 75870 | 78457 | 93025 | 93261 | 93289 | 93702 | 93925 | 0683T | |
| 75736 | 75872 | 78458 | 93040 | 93268 | 93290 | 93724 | 93926 | 0684T | |
| 75741 | 75880 | 78466 | 93041 | 93270 | 93291 | 93784 | 93930 | 0685T | |
| 75743 | 75885 | 78468 | 93050 | 93271 | 93292 | 93786 | 93931 | 0716T | |
| 75746 | 75887 | 78469 | 93224 | 93278 | 93303 | 93788 | 93970 | 0804T | |
| 75756 | 75889 | 78472 | 93225 | 93279 | 93304 | 93880 | 93971 | 0826T | |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76514 | 92060 | 92132 | 92137 | 92235 | 92265 | 92274 | 92285 | 0507T |
| 76511 | 76516 | 92081 | 92133 | 92145 | 92240 | 92270 | 92283 | 92286 | 0509T |

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76512 | 76519 | 92082 | 92134 | 92228 | 92242 | 92273 | 92284 | 0506T | 1010T |
| 76513 | 92025 | 92083 | 92136 | 92229 | 92250 | | | | |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |
| 10 / 2023 | Removed G0297, added 78306, 78802, 78803 |
| 1 / 2024 | Added 0826T and 0865T |
| 7 / 2024 | Added 0876T, 0897T and 0898T |
| 1 / 2025 | Added 76016-76019, 0944T, 0946T, 0947T, 0902T-0904T, 0926T, 0927T, 0938T, 0939T, and 92137. Removed 0398T and 93890 |
| 7 / 2025 | Added 0962T and 0972T |
| 1 / 2026 | Added 70471, 70473, 1010T, and removed 75842 |

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are

expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: July 1, 2025

Revised Date: July 2025

Date Reviewed: June 2025

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

Applicable Medicare Advantage Market

Applicable Claim Type

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70336 | 70336 | 70336 | 70336 | 70336 | 70336 | 70336 | 70336 | 70336 |
| 70450 | 70542 | 71271 | 72141 | 72196 | 73701 | 74176 | 75572 | 76831 | 0689T |
| 70460 | 70543 | 71275 | 72142 | 72197 | 73702 | 74177 | 75573 | 76856 | 0697T |
| 70470 | 70544 | 71550 | 72146 | 72198 | 73706 | 74178 | 75574 | 76857 | 0721T |
| 70480 | 70545 | 71551 | 72147 | 73200 | 73718 | 74181 | 75635 | 76870 | 0723T |
| 70481 | 70546 | 71552 | 72148 | 73201 | 73719 | 74182 | 76016 | 76978 | 0807T |
| 70482 | 70547 | 71555 | 72149 | 73202 | 73720 | 74183 | 76017 | 76981 | 0808T |
| 70486 | 70548 | 72125 | 72156 | 73206 | 73721 | 74185 | 76018 | 76982 | 0865T |
| 70487 | 70549 | 72126 | 72157 | 73218 | 73722 | 74261 | 76019 | 77046 | 0876T |
| 70488 | 70551 | 72127 | 72158 | 73219 | 73723 | 74262 | 76391 | 77047 | 0898T |
| 70490 | 70552 | 72128 | 72159 | 73220 | 73725 | 74712 | 76604 | 77048 | 0944T |
| 70491 | 70553 | 72129 | 72191 | 73221 | 74150 | 75557 | 76700 | 77049 | 0946T |
| 70492 | 70554 | 72130 | 72192 | 73222 | 74160 | 75559 | 76705 | 78306 | 0947T |
| 70496 | 71250 | 72131 | 72193 | 73223 | 74170 | 75561 | 76770 | 78802 | 0972T |
| 70498 | 71260 | 72132 | 72194 | 73225 | 74174 | 75563 | 76775 | 78803 | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75809 | 75889 | 78472 | 93225 | 93279 | 93304 | 93880 | 93971 | 0826T |
| 75605 | 75820 | 75891 | 78473 | 93226 | 93280 | 93306 | 93882 | 93975 | 0897T |
| 75625 | 75822 | 75893 | 78481 | 93229 | 93281 | 93307 | 93886 | 93976 | 0902T |
| 75630 | 75825 | 78428 | 78483 | 93241 | 93282 | 93308 | 93888 | 93978 | 0903T |
| 75705 | 75827 | 78445 | 78494 | 93242 | 93283 | 93312 | 93892 | 93979 | 0904T |
| 75710 | 75831 | 78451 | 93000 | 93243 | 93284 | 93314 | 93893 | 93980 | 0926T |
| 75716 | 75833 | 78452 | 93005 | 93245 | 93285 | 93318 | 93895 | 93981 | 0927T |
| 75726 | 75840 | 78453 | 93015 | 93246 | 93286 | 93350 | 93922 | 93985 | 0938T |
| 75731 | 75842 | 78454 | 93017 | 93247 | 93287 | 93351 | 93923 | 93986 | 0939T |
| 75733 | 75860 | 78456 | 93024 | 93260 | 93288 | 93701 | 93924 | 93990 | 0962T |
| 75736 | 75870 | 78457 | 93025 | 93261 | 93289 | 93702 | 93925 | 0683T | |
| 75741 | 75872 | 78458 | 93040 | 93268 | 93290 | 93724 | 93926 | 0684T | |
| 75743 | 75880 | 78466 | 93041 | 93270 | 93291 | 93784 | 93930 | 0685T | |
| 75746 | 75885 | 78468 | 93050 | 93271 | 93292 | 93786 | 93931 | 0716T | |
| 75756 | 75887 | 78469 | 93224 | 93278 | 93303 | 93788 | 93970 | 0804T | |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76514 | 92060 | 92132 | 92137 | 92235 | 92265 | 92274 | 92285 | 0507T |
| 76511 | 76516 | 92081 | 92133 | 92145 | 92240 | 92270 | 92283 | 92286 | 0509T |

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76512 | 76519 | 92082 | 92134 | 92228 | 92242 | 92273 | 92284 | 0506T |
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- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
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| 7 / 2023 | Added 0804T, 0807T, 0808T |
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End Date:

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Revised Date: January 2025

Date Reviewed: December 2024

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

Applicable Medicare Advantage Market

Applicable Claim Type

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REIMBURSEMENT GUIDELINES:

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Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

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See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70540 | 71270 | 72133 | 72195 | 73700 | 74175 | 75571 | 76776 | 0648T |
| 70450 | 70542 | 71271 | 72141 | 72196 | 73701 | 74176 | 75572 | 76831 | 0689T |
| 70460 | 70543 | 71275 | 72142 | 72197 | 73702 | 74177 | 75573 | 76856 | 0697T |
| 70470 | 70544 | 71550 | 72146 | 72198 | 73706 | 74178 | 75574 | 76857 | 0721T |
| 70480 | 70545 | 71551 | 72147 | 73200 | 73718 | 74181 | 75635 | 76870 | 0723T |
| 70481 | 70546 | 71552 | 72148 | 73201 | 73719 | 74182 | 76016 | 76978 | 0807T |
| 70482 | 70547 | 71555 | 72149 | 73202 | 73720 | 74183 | 76017 | 76981 | 0808T |
| 70486 | 70548 | 72125 | 72156 | 73206 | 73721 | 74185 | 76018 | 76982 | 0865T |
| 70487 | 70549 | 72126 | 72157 | 73218 | 73722 | 74261 | 76019 | 77046 | 0876T |
| 70488 | 70551 | 72127 | 72158 | 73219 | 73723 | 74262 | 76391 | 77047 | 0898T |
| 70490 | 70552 | 72128 | 72159 | 73220 | 73725 | 74712 | 76604 | 77048 | 0944T |
| 70491 | 70553 | 72129 | 72191 | 73221 | 74150 | 75557 | 76700 | 77049 | 0946T |
| 70492 | 70554 | 72130 | 72192 | 73222 | 74160 | 75559 | 76705 | 78306 | 0947T |
| 70496 | 71250 | 72131 | 72193 | 73223 | 74170 | 75561 | 76770 | 78802 | |
| 70498 | 71260 | 72132 | 72194 | 73225 | 74174 | 75563 | 76775 | 78803 | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75809 | 75889 | 78472 | 93225 | 93279 | 93304 | 93880 | 93971 | 0826T |
| 75605 | 75820 | 75891 | 78473 | 93226 | 93280 | 93306 | 93882 | 93975 | 0897T |
| 75625 | 75822 | 75893 | 78481 | 93229 | 93281 | 93307 | 93886 | 93976 | 0902T |
| 75630 | 75825 | 78428 | 78483 | 93241 | 93282 | 93308 | 93888 | 93978 | 0903T |
| 75705 | 75827 | 78445 | 78494 | 93242 | 93283 | 93312 | 93892 | 93979 | 0904T |
| 75710 | 75831 | 78451 | 93000 | 93243 | 93284 | 93314 | 93893 | 93980 | 0926T |
| 75716 | 75833 | 78452 | 93005 | 93245 | 93285 | 93318 | 93895 | 93981 | 0927T |
| 75726 | 75840 | 78453 | 93015 | 93246 | 93286 | 93350 | 93922 | 93985 | 0938T |
| 75731 | 75842 | 78454 | 93017 | 93247 | 93287 | 93351 | 93923 | 93986 | 0939T |
| 75733 | 75860 | 78456 | 93024 | 93260 | 93288 | 93701 | 93924 | 93990 | |
| 75736 | 75870 | 78457 | 93025 | 93261 | 93289 | 93702 | 93925 | 0683T | |
| 75741 | 75872 | 78458 | 93040 | 93268 | 93290 | 93724 | 93926 | 0684T | |
| 75743 | 75880 | 78466 | 93041 | 93270 | 93291 | 93784 | 93930 | 0685T | |
| 75746 | 75885 | 78468 | 93050 | 93271 | 93292 | 93786 | 93931 | 0716T | |
| 75756 | 75887 | 78469 | 93224 | 93278 | 93303 | 93788 | 93970 | 0804T | |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76514 | 92060 | 92132 | 92137 | 92235 | 92265 | 92274 | 92285 | 0507T |
| 76511 | 76516 | 92081 | 92133 | 92145 | 92240 | 92270 | 92283 | 92286 | 0509T |

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76512 | 76519 | 92082 | 92134 | 92228 | 92242 | 92273 | 92284 | 0506T |
| 76513 | 92025 | 92083 | 92136 | 92229 | 92250 | | | |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |
| 10 / 2023 | Removed G0297, added 78306, 78802, 78803 |
| 1 / 2024 | Added 0826T and 0865T |
| 7 / 2024 | Added 0876T, 0897T and 0898T |
| 1 / 2025 | Added 76016-76019, 0944T, 0946T, 0947T, 0902T-0904T, 0926T, 0927T, 0938T, 0939T, and 92137. Removed 0398T and 93890 |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: July 1, 2024

Revised Date: July 2024

Date Reviewed: June 2024

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

Applicable Medicare Advantage Market

Applicable Claim Type

Applicable Claim Type

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70540 | 71270 | 72133 | 72195 | 73700 | 74175 | 75571 | 76870 | 0721T |
| 70450 | 70542 | 71271 | 72141 | 72196 | 73701 | 74176 | 75572 | 76978 | 0723T |
| 70460 | 70543 | 71275 | 72142 | 72197 | 73702 | 74177 | 75573 | 76981 | 0807T |
| 70470 | 70544 | 71550 | 72146 | 72198 | 73706 | 74178 | 75574 | 76982 | 0808T |
| 70480 | 70545 | 71551 | 72147 | 73200 | 73718 | 74181 | 75635 | 77046 | 0865T |
| 70481 | 70546 | 71552 | 72148 | 73201 | 73719 | 74182 | 76391 | 77047 | 0876T |
| 70482 | 70547 | 71555 | 72149 | 73202 | 73720 | 74183 | 76604 | 77048 | 0898T |
| 70486 | 70548 | 72125 | 72156 | 73206 | 73721 | 74185 | 76700 | 77049 | |
| 70487 | 70549 | 72126 | 72157 | 73218 | 73722 | 74261 | 76705 | 78306 | |
| 70488 | 70551 | 72127 | 72158 | 73219 | 73723 | 74262 | 76770 | 78802 | |
| 70490 | 70552 | 72128 | 72159 | 73220 | 73725 | 74712 | 76775 | 78803 | |
| 70491 | 70553 | 72129 | 72191 | 73221 | 74150 | 75557 | 76776 | 0398T | |
| 70492 | 70554 | 72130 | 72192 | 73222 | 74160 | 75559 | 76831 | 0648T | |
| 70496 | 71250 | 72131 | 72193 | 73223 | 74170 | 75561 | 76856 | 0689T | |
| 70498 | 71260 | 72132 | 72194 | 73225 | 74174 | 75563 | 76857 | 0697T | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75756 | 75885 | 78466 | 93040 | 93261 | 93288 | 93351 | 93895 | 93980 |
| 75605 | 75809 | 75887 | 78468 | 93041 | 93268 | 93289 | 93701 | 93922 | 93981 |
| 75625 | 75820 | 75889 | 78469 | 93050 | 93270 | 93290 | 93702 | 93923 | 93985 |
| 75630 | 75822 | 75891 | 78472 | 93224 | 93271 | 93291 | 93724 | 93924 | 93986 |
| 75705 | 75825 | 75893 | 78473 | 93225 | 93278 | 93292 | 93784 | 93925 | 93990 |
| 75710 | 75827 | 78428 | 78481 | 93226 | 93279 | 93303 | 93786 | 93926 | 0683T |
| 75716 | 75831 | 78445 | 78483 | 93229 | 93280 | 93304 | 93788 | 93930 | 0684T |
| 75726 | 75833 | 78451 | 78494 | 93241 | 93281 | 93306 | 93880 | 93931 | 0685T |
| 75731 | 75840 | 78452 | 93000 | 93242 | 93282 | 93307 | 93882 | 93970 | 0716T |
| 75733 | 75842 | 78453 | 93005 | 93243 | 93283 | 93308 | 93886 | 93971 | 0804T |
| 75736 | 75860 | 78454 | 93015 | 93245 | 93284 | 93312 | 93888 | 93975 | 0826T |
| 75741 | 75870 | 78456 | 93017 | 93246 | 93285 | 93314 | 93890 | 93976 | 0897T |
| 75743 | 75872 | 78457 | 93024 | 93247 | 93286 | 93318 | 93892 | 93978 | |
| 75746 | 75880 | 78458 | 93025 | 93260 | 93287 | 93350 | 93893 | 93979 | |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |
| | | | | | | 92242 | 92273 | 92285 | 0509T |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |
| 10 / 2023 | Removed G0297, added 78306, 78802, 78803 |
| 1 / 2024 | Added 0826T and 0865T |
| 7 / 2024 | Added 0876T, 0897T and 0898T |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: January 1, 2024

Revised Date: January 2024

Date Reviewed: December 2023

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

Applicable Medicare Advantage Market

Applicable Claim Type

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70498 | 71250 | 72130 | 72191 | 73220 | 73723 | 74261 | 76700 | 77048 |
| 70450 | 70540 | 71260 | 72131 | 72192 | 73221 | 73725 | 74262 | 76705 | 77049 |
| 70460 | 70542 | 71270 | 72132 | 72193 | 73222 | 74150 | 74712 | 76770 | 78306 |
| 70470 | 70543 | 71271 | 72133 | 72194 | 73223 | 74160 | 75557 | 76775 | 78802 |
| 70480 | 70544 | 71275 | 72141 | 72195 | 73225 | 74170 | 75559 | 76776 | 78803 |
| 70481 | 70545 | 71550 | 72142 | 72196 | 73700 | 74174 | 75561 | 76831 | 0398T |
| 70482 | 70546 | 71551 | 72146 | 72197 | 73701 | 74175 | 75563 | 76856 | 0648T |
| 70486 | 70547 | 71552 | 72147 | 72198 | 73702 | 74176 | 75571 | 76857 | 0689T |
| 70487 | 70548 | 71555 | 72148 | 73200 | 73706 | 74177 | 75572 | 76870 | 0697T |
| 70488 | 70549 | 72125 | 72149 | 73201 | 73718 | 74178 | 75573 | 76978 | 0721T |
| 70490 | 70551 | 72126 | 72156 | 73202 | 73719 | 74181 | 75574 | 76981 | 0723T |
| 70491 | 70552 | 72127 | 72157 | 73206 | 73720 | 74182 | 75635 | 76982 | 0807T |
| 70492 | 70553 | 72128 | 72158 | 73218 | 73721 | 74183 | 76391 | 77046 | 0808T |
| 70496 | 70554 | 72129 | 72159 | 73219 | 73722 | 74185 | 76604 | 77047 | 0865T |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93245 | 93284 | 93312 | 93888 | 93975 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93246 | 93285 | 93314 | 93890 | 93976 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93247 | 93286 | 93318 | 93892 | 93978 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93260 | 93287 | 93350 | 93893 | 93979 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93261 | 93288 | 93351 | 93895 | 93980 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93268 | 93289 | 93701 | 93922 | 93981 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93270 | 93290 | 93702 | 93923 | 93985 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93271 | 93291 | 93724 | 93924 | 93986 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93278 | 93292 | 93784 | 93925 | 93990 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93279 | 93303 | 93786 | 93926 | 0683T |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93280 | 93304 | 93788 | 93930 | 0684T |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93281 | 93306 | 93880 | 93931 | 0685T |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93282 | 93307 | 93882 | 93970 | 0716T |
| | | | | 93243 | 93283 | 93308 | 93886 | 93971 | 0804T |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |
| | | | | | | 92242 | 92273 | 92285 | 0509T |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |
| 10 / 2023 | Removed G0297, added 78306, 78802, 78803 |
| 1 / 2024 | Added 0826T and 0865T |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007
Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures
Effective Date: January 1, 2017 **End Date:**
Issue Date: October 16, 2023 **Revised Date:** October 2023
Date Reviewed: September 2023
Source: Reimbursement Policy
Applicable Commercial Market
Applicable Medicare Advantage Market
Applicable Claim Type

| | | | | | | | |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 70554 | 72129 | 72159 | 73219 | 73722 | 74185 | 76604 | 77047 |
| 70450 | 70498 | 71250 | 72130 | 72191 | 73220 | 73723 | 74261 | 76700 | 77048 |
| 70460 | 70540 | 71260 | 72131 | 72192 | 73221 | 73725 | 74262 | 76705 | 77049 |
| 70470 | 70542 | 71270 | 72132 | 72193 | 73222 | 74150 | 74712 | 76770 | 78306 |
| 70480 | 70543 | 71271 | 72133 | 72194 | 73223 | 74160 | 75557 | 76775 | 78802 |
| 70481 | 70544 | 71275 | 72141 | 72195 | 73225 | 74170 | 75559 | 76776 | 78803 |
| 70482 | 70545 | 71550 | 72142 | 72196 | 73700 | 74174 | 75561 | 76831 | 0398T |
| 70486 | 70546 | 71551 | 72146 | 72197 | 73701 | 74175 | 75563 | 76856 | 0648T |
| 70487 | 70547 | 71552 | 72147 | 72198 | 73702 | 74176 | 75571 | 76857 | 0689T |
| 70488 | 70548 | 71555 | 72148 | 73200 | 73706 | 74177 | 75572 | 76870 | 0697T |
| 70490 | 70549 | 72125 | 72149 | 73201 | 73718 | 74178 | 75573 | 76978 | 0721T |
| 70491 | 70551 | 72126 | 72156 | 73202 | 73719 | 74181 | 75574 | 76981 | 0723T |
| 70492 | 70552 | 72127 | 72157 | 73206 | 73720 | 74182 | 75635 | 76982 | 0807T |
| 70553 | 72128 | 72158 | 73218 | 73721 | 74183 | 76391 | 77046 | 0808T | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93245 | 93284 | 93312 | 93888 | 93975 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93246 | 93285 | 93314 | 93890 | 93976 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93247 | 93286 | 93318 | 93892 | 93978 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93260 | 93287 | 93350 | 93893 | 93979 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93261 | 93288 | 93351 | 93895 | 93980 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93268 | 93289 | 93701 | 93922 | 93981 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93270 | 93290 | 93702 | 93923 | 93985 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93271 | 93291 | 93724 | 93924 | 93986 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93278 | 93292 | 93784 | 93925 | 93990 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93279 | 93303 | 93786 | 93926 | 0683T |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93280 | 93304 | 93788 | 93930 | 0684T |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93281 | 93306 | 93880 | 93931 | 0685T |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93282 | 93307 | 93882 | 93970 | 0716T |
| | | | | 93243 | 93283 | 93308 | 93886 | 93971 | 0804T |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |
| 10 / 2023 | Removed G0297, added 78306, 78802, 78803 |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: July 3, 2023

Revised Date: July 2023

Date Reviewed: June 2023

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 70553 | 72127 | 72157 | 73206 | 73720 | 74182 | 75635 | 76982 |
| 70450 | 70498 | 70554 | 72128 | 72158 | 73218 | 73721 | 74183 | 76391 | 77046 |
| 70460 | 70540 | 71250 | 72129 | 72159 | 73219 | 73722 | 74185 | 76604 | 77047 |
| 70470 | 70542 | 71260 | 72130 | 72191 | 73220 | 73723 | 74261 | 76700 | 77048 |
| 70480 | 70543 | 71270 | 72131 | 72192 | 73221 | 73725 | 74262 | 76705 | 77049 |
| 70481 | 70544 | 71271 | 72132 | 72193 | 73222 | 74150 | 74712 | 76770 | G0297 |
| 70482 | 70545 | 71275 | 72133 | 72194 | 73223 | 74160 | 75557 | 76775 | 0398T |
| 70486 | 70546 | 71550 | 72141 | 72195 | 73225 | 74170 | 75559 | 76776 | 0648T |
| 70487 | 70547 | 71551 | 72142 | 72196 | 73700 | 74174 | 75561 | 76831 | 0689T |
| 70488 | 70548 | 71552 | 72146 | 72197 | 73701 | 74175 | 75563 | 76856 | 0697T |
| 70490 | 70549 | 71555 | 72147 | 72198 | 73702 | 74176 | 75571 | 76857 | 0721T |
| 70491 | 70551 | 72125 | 72148 | 73200 | 73706 | 74177 | 75572 | 76870 | 0723T |
| 70492 | 70552 | 72126 | 72149 | 73201 | 73718 | 74178 | 75573 | 76978 | 0807T |
| | | | 72156 | 73202 | 73719 | 74181 | 75574 | 76981 | 0808T |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93245 | 93284 | 93312 | 93888 | 93975 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93246 | 93285 | 93314 | 93890 | 93976 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93247 | 93286 | 93318 | 93892 | 93978 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93260 | 93287 | 93350 | 93893 | 93979 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93261 | 93288 | 93351 | 93895 | 93980 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93268 | 93289 | 93701 | 93922 | 93981 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93270 | 93290 | 93702 | 93923 | 93985 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93271 | 93291 | 93724 | 93924 | 93986 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93278 | 93292 | 93784 | 93925 | 93990 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93279 | 93303 | 93786 | 93926 | 0683T |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93280 | 93304 | 93788 | 93930 | 0684T |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93281 | 93306 | 93880 | 93931 | 0685T |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93282 | 93307 | 93882 | 93970 | 0716T |
| | | | | 93243 | 93283 | 93308 | 93886 | 93971 | 0804T |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |
| | | | | | | 92242 | 92273 | 92285 | 0509T |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665.
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

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|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
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| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |
| 7 / 2023 | Added 0804T, 0807T, 0808T |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: July 4, 2022

Revised Date: July 2022

Date Reviewed: June 2022

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 70553 | 72127 | 72156 | 73201 | 73718 | 74178 | 75573 | 76978 |
| 70450 | 70498 | 70554 | 72128 | 72157 | 73202 | 73719 | 74181 | 75574 | 76981 |
| 70460 | 70540 | 71250 | 72129 | 72158 | 73206 | 73720 | 74182 | 75635 | 76982 |
| 70470 | 70542 | 71260 | 72130 | 72159 | 73218 | 73721 | 74183 | 76391 | 77046 |
| 70480 | 70543 | 71270 | 72131 | 72191 | 73219 | 73722 | 74185 | 76604 | 77047 |
| 70481 | 70544 | 71271 | 72132 | 72192 | 73220 | 73723 | 74261 | 76700 | 77048 |
| 70482 | 70545 | 71275 | 72133 | 72193 | 73221 | 73725 | 74262 | 76705 | 77049 |
| 70486 | 70546 | 71550 | 72141 | 72194 | 73222 | 74150 | 74712 | 76770 | G0297 |
| 70487 | 70547 | 71551 | 72142 | 72195 | 73223 | 74160 | 75557 | 76775 | 0398T |
| 70488 | 70548 | 71552 | 72146 | 72196 | 73225 | 74170 | 75559 | 76776 | 0648T |
| 70490 | 70549 | 71555 | 72147 | 72197 | 73700 | 74174 | 75561 | 76831 | 0689T |
| 70491 | 70551 | 72125 | 72148 | 72198 | 73701 | 74175 | 75563 | 76856 | 0697T |
| 70492 | 70552 | 72126 | 72149 | 73200 | 73702 | 74176 | 75571 | 76857 | 0721T |
| | | | | 73706 | 74177 | 75572 | 76870 | 0723T | |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93243 | 93283 | 93308 | 93886 | 93971 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93245 | 93284 | 93312 | 93888 | 93975 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93246 | 93285 | 93314 | 93890 | 93976 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93247 | 93286 | 93318 | 93892 | 93978 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93260 | 93287 | 93350 | 93893 | 93979 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93261 | 93288 | 93351 | 93895 | 93980 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93268 | 93289 | 93701 | 93922 | 93981 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93270 | 93290 | 93702 | 93923 | 93985 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93271 | 93291 | 93724 | 93924 | 93986 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93278 | 93292 | 93784 | 93925 | 93990 |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93279 | 93303 | 93786 | 93926 | 0683T |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93280 | 93304 | 93788 | 93930 | 0684T |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93281 | 93306 | 93880 | 93931 | 0685T |
| | | | | 93282 | 93307 | 93882 | 93970 | 0716T | |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |
| | | | | | 92242 | 92273 | 92285 | 0509T | |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665.
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T |
| 7 / 2022 | Added 0716T, 0721T, 0723T, 0398T |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: January 3, 2022

Revised Date: January 2022

Date Reviewed: December 2021

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|

Applicable Medicare Advantage Market

| | | | | | | | |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|

Applicable Claim Type

| | | | | | | | |
|----|--------------------------|------|-------------------------------------|--|--|--|--|
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |
|----|--------------------------|------|-------------------------------------|--|--|--|--|

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 70553 | 72127 | 72156 | 73201 | 73706 | 74176 | 75563 | 76856 |
| 70450 | 70498 | 70554 | 72128 | 72157 | 73202 | 73718 | 74177 | 75571 | 76857 |
| 70460 | 70540 | 71250 | 72129 | 72158 | 73206 | 73719 | 74178 | 75572 | 76870 |
| 70470 | 70542 | 71260 | 72130 | 72159 | 73218 | 73720 | 74181 | 75573 | 76978 |
| 70480 | 70543 | 71270 | 72131 | 72191 | 73219 | 73721 | 74182 | 75574 | 76981 |
| 70481 | 70544 | 71271 | 72132 | 72192 | 73220 | 73722 | 74183 | 75635 | 76982 |
| 70482 | 70545 | 71275 | 72133 | 72193 | 73221 | 73723 | 74185 | 76391 | 77046 |
| 70486 | 70546 | 71550 | 72141 | 72194 | 73222 | 73725 | 74261 | 76604 | 77047 |
| 70487 | 70547 | 71551 | 72142 | 72195 | 73223 | 74150 | 74262 | 76700 | 77048 |
| 70488 | 70548 | 71552 | 72146 | 72196 | 73225 | 74160 | 74712 | 76705 | 77049 |
| 70490 | 70549 | 71555 | 72147 | 72197 | 73700 | 74170 | 75557 | 76770 | G0297 |
| 70491 | 70551 | 72125 | 72148 | 72198 | 73701 | 74174 | 75559 | 76775 | 0648T |
| 70492 | 70552 | 72126 | 72149 | 73200 | 73702 | 74175 | 75561 | 76776 | 0689T |
| | | | | | | | | 76831 | 0697T |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93243 | 93282 | 93307 | 93882 | 93970 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93245 | 93283 | 93308 | 93886 | 93971 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93246 | 93284 | 93312 | 93888 | 93975 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93247 | 93285 | 93314 | 93890 | 93976 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93260 | 93286 | 93318 | 93892 | 93978 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93261 | 93287 | 93350 | 93893 | 93979 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93268 | 93288 | 93351 | 93895 | 93980 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93270 | 93289 | 93701 | 93922 | 93981 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93271 | 93290 | 93702 | 93923 | 93985 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93278 | 93291 | 93724 | 93924 | 93986 |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93279 | 93292 | 93784 | 93925 | 93990 |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93280 | 93303 | 93786 | 93926 | 0683T |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93281 | 93304 | 93788 | 93930 | 0684T |
| | | | | | | 93306 | 93880 | 93931 | 0685T |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 76510 | 76513 | 76519 | 92081 | 92132 | 92136 | 92229 | 92250 | 92274 | 92286 |
| 76511 | 76514 | 92025 | 92082 | 92133 | 92145 | 92235 | 92265 | 92283 | 0506T |
| 76512 | 76516 | 92060 | 92083 | 92134 | 92228 | 92240 | 92270 | 92284 | 0507T |
| | | | | | | 92242 | 92273 | 92285 | 0509T |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, MM7747/CR7747
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665.
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
|-----------|--|
| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
| 12 / 2018 | Added 76391, 76978, 76981, 76982, 77046, 77047, 77048, 77049 0506T, 0507T, 0508T, 0509T, 92273 and 92274. Removed 77058, 77059 and 92275 |
| 5 / 2019 | Updated reimbursement guidelines for global services |
| 1 / 2021 | Added 71271, 74712, 76978, 93050, 93241-93247, 93260, 93261, 93702, 93895, 93985, 93986 and 92229. Removed 36901-36906 and 93965. |
| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added Delaware Medicare Advantage applicable to the policy. Added 0683T, 0684T, 0685T, 0689T, 0697T. |

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-007

Subject: Multiple Procedure Payment Reduction for Certain Diagnostic Imaging Procedures

Effective Date: January 1, 2017

End Date:

Issue Date: October 18, 2021

Revised Date: October 2021

Date Reviewed: October 2021

Source: Reimbursement Policy

Applicable Commercial Market

| | | | | | | | |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-------------------------------------|

Applicable Medicare Advantage Market

| | | | | | | | |
|----|-------------------------------------|----|-------------------------------------|----|--------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
|----|-------------------------------------|----|-------------------------------------|----|--------------------------|----|-------------------------------------|

Applicable Claim Type

| | | | | | | | |
|----|--------------------------|------|-------------------------------------|--|--|--|--|
| UB | <input type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |
|----|--------------------------|------|-------------------------------------|--|--|--|--|

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

The Centers for Medicare and Medicaid Services (CMS) has established a reimbursement methodology for certain multiple diagnostic imaging procedures performed for the same patient on the same day during the same imaging session.

The Multiple Procedure Payment Reduction for the Technical Component of Certain Diagnostic Imaging Procedures is defined as physicians, group practice and suppliers billing for diagnostic imaging supplies and services. The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment. The multiple procedure payment reduction (MPPR) is now expanded to also apply to professional component (PC) services.

REIMBURSEMENT GUIDELINES:

Professional Component

When the professional component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the professional component of the imaging procedure with the highest allowance. For the additional imaging services performed for the same patient during the same imaging session on the same date of service, by the same physician or physician/Group practice, payment for the professional component portion only will be reduced to 95% of the allowance for the professional component. This reduction applies to the professional component only and the professional component of global services.

Technical Component

When the technical component of certain diagnostic imaging services or procedures are performed for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, payment will be made at 100% for the imaging procedure with the highest allowance. For additional imaging services performed on contiguous anatomic areas during the same imaging session for the same patient, on the same date of service by the same physician or physician/Group practice, payment for the technical component portion only will be reduced to 50% of the allowance for the technical component. This reduction applies to technical component only and the technical component of global services.

Global Services

When a provider bills globally for two or more services subject to this policy, for the same patient during the same imaging session on the same date of service by the same physician or physician/Group practice, the charge for the Global Procedure Codes will be divided into the PC and TC (indicated by modifiers 26 and TC). The RVUs assigned to each component (26 or TC) on the Medicare Physician Fee Schedule (MPFS) will determine which code will be ranked as primary (paid at 100%), and those that will be ranked as secondary or subsequent (paid with reductions applied in accordance with this policy).

See **Appendix A** for diagnostic imaging procedure codes that are applicable to the PC and TC reduction.

The Multiple Procedure Payment Reductions (MPPRs) on diagnostic cardiovascular and ophthalmology procedures apply when multiple services are furnished to the same patient, on the same date of service by the same physician or physician/Group practice. The MPPRs apply independently to cardiovascular and ophthalmology services.

Cardiovascular Services

For cardiovascular services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 75% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix B** for applicable cardiovascular imaging procedure codes.

Ophthalmology Services

For ophthalmology services, full payment is made for the TC service with the highest payment under the Medicare Physician Fee Schedule (MPFS). Payment is made at 80% for subsequent TC services furnished by the same physician (or by multiple physicians in the same group practice, i.e., same Group National Provider Identifier (NPI)) to the same patient on the same day. This reduction applies to technical component only and the technical component of global services.

Note: The MPPRs do not apply to professional component (PC) services.

See **Appendix C** for applicable ophthalmology imaging procedure codes.

When multiple imaging services within the same family are performed on the same day for the same patient, but at different imaging sessions, modifier -59 must be reported for the subsequent session(s).

APPENDIX A – Procedure Codes Applicable To Professional And Technical Component Reduction

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 70336 | 70496 | 70553 | 72127 | 72156 | 73201 | 73706 | 74176 | 75563 | 76831 |
| 70450 | 70498 | 70554 | 72128 | 72157 | 73202 | 73718 | 74177 | 75571 | 76856 |
| 70460 | 70540 | 71250 | 72129 | 72158 | 73206 | 73719 | 74178 | 75572 | 76857 |
| 70470 | 70542 | 71260 | 72130 | 72159 | 73218 | 73720 | 74181 | 75573 | 76870 |
| 70480 | 70543 | 71270 | 72131 | 72191 | 73219 | 73721 | 74182 | 75574 | 76978 |
| 70481 | 70544 | 71271 | 72132 | 72192 | 73220 | 73722 | 74183 | 75635 | 76981 |
| 70482 | 70545 | 71275 | 72133 | 72193 | 73221 | 73723 | 74185 | 76391 | 76982 |
| 70486 | 70546 | 71550 | 72141 | 72194 | 73222 | 73725 | 74261 | 76604 | 77046 |
| 70487 | 70547 | 71551 | 72142 | 72195 | 73223 | 74150 | 74262 | 76700 | 77047 |
| 70488 | 70548 | 71552 | 72146 | 72196 | 73225 | 74160 | 74712 | 76705 | 77048 |
| 70490 | 70549 | 71555 | 72147 | 72197 | 73700 | 74170 | 75557 | 76770 | 77049 |
| 70491 | 70551 | 72125 | 72148 | 72198 | 73701 | 74174 | 75559 | 76775 | G0297 |
| 70492 | 70552 | 72126 | 72149 | 73200 | 73702 | 74175 | 75561 | 76776 | 0648T |

APPENDIX B – Applicable Cardiovascular Procedure Codes

| | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 75600 | 75746 | 75872 | 78456 | 93015 | 93243 | 93282 | 93306 | 93788 | 93926 |
| 75605 | 75756 | 75880 | 78457 | 93017 | 93245 | 93283 | 93307 | 93880 | 93930 |
| 75625 | 75809 | 75885 | 78458 | 93024 | 93246 | 93284 | 93308 | 93882 | 93931 |
| 75630 | 75820 | 75887 | 78466 | 93025 | 93247 | 93285 | 93312 | 93886 | 93970 |
| 75705 | 75822 | 75889 | 78468 | 93040 | 93260 | 93286 | 93314 | 93888 | 93971 |
| 75710 | 75825 | 75891 | 78469 | 93041 | 93261 | 93287 | 93318 | 93890 | 93975 |
| 75716 | 75827 | 75893 | 78472 | 93050 | 93268 | 93288 | 93350 | 93892 | 93976 |
| 75726 | 75831 | 78428 | 78473 | 93224 | 93270 | 93289 | 93351 | 93893 | 93978 |
| 75731 | 75833 | 78445 | 78481 | 93225 | 93271 | 93290 | 93701 | 93895 | 93979 |
| 75733 | 75840 | 78451 | 78483 | 93226 | 93278 | 93291 | 93702 | 93922 | 93980 |
| 75736 | 75842 | 78452 | 78494 | 93229 | 93279 | 93292 | 93724 | 93923 | 93981 |
| 75741 | 75860 | 78453 | 93000 | 93241 | 93280 | 93303 | 93784 | 93924 | 93985 |
| 75743 | 75870 | 78454 | 93005 | 93242 | 93281 | 93304 | 93786 | 93925 | 93986 |
| | | | | | | | | | 93990 |

APPENDIX C – Applicable Ophthalmology Procedure Codes

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 0506T | 76510 | 76514 | 92060 | 92132 | 92145 | 92240 | 92270 | 92284 |
| 0507T | 76511 | 76516 | 92081 | 92133 | 92228 | 92242 | 92273 | 92285 |
| 0509T | 76512 | 76519 | 92082 | 92134 | 92229 | 92250 | 92274 | 92286 |
| | 76513 | 92025 | 92083 | 92136 | 92235 | 92265 | 92283 | |

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Centers for Medicaid and Medicare Services; Medicare Claims Processing Manual.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf>
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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf>
- Centers for Medicaid and Medicare Services; MLM Matters, SE0665.
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0665.pdf>

POLICY UPDATE HISTORY INFORMATION:

| | |
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| 8 / 2017 | Implementation |
| 1 / 2018 | Removed procedure code 75658 |
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| 7 / 2021 | Removed code 0508T |
| 10 / 2021 | Added code 0648T |
| 11 / 2021 | Added NY region applicable to the policy |

HIS