SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.26 MULTIPLE SERVICE REDUCTION FOR DIAGNOSTIC IMAGING SERVICES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.bcbsla.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.bcbsla.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

MULTIPLE SERVICE REDUCTION FOR DIAGNOSTIC IMAGING SERVICES

Blue Cross applies multiple service reduction logic to diagnostic imaging radiology services performed for the same patient encounter.

The applicable radiology services are identified by Medicare's diagnostic imaging family groupings as published in the CMS National Physician Fee Schedule Relative Value File. Blue Cross will review and update the list of services following Medicare's annual release of the CMS National Physician Fee Schedule.

For Professional Providers

The multiple service reduction applies to the technical component of diagnostic imaging radiology service.

When more than one radiology service from Medicare's diagnostic imaging family grouping is performed for the same patient encounter:

- The technical component allowable charge for the primary radiology service will be paid at 100% of the allowable charge.
- The technical component for second and subsequent services will be reduced by 50%.
- The primary radiology service will be identified as the code with the highest technical component allowable charge.

For Facility Providers

The multiple service reduction applies to outpatient diagnostic imaging radiology services.

When more than one radiology service from Medicare's diagnostic imaging family grouping is performed for the same patient encounter:

- The allowable charge for the primary radiology service will be paid at 100% of the allowable charge.
- Second and subsequent services will be reduced by 50%.
- The primary service will be identified as the code with the highest allowable charge.