

PROVIDER REIMBURSEMENT GUIDANCE			
Multiple Procedure Payment Reduction for Diagnostic Services			
Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date
02/10/2022	04/01/2022	04/01/2022	02/01/2022
Scope: Commonwealth Care Alliance (CCA) Product Lines			
 ☑ Senior Care Options (MA) ☑ One Care (MA) ☑ CCA Medicare Preferred – (PPO) MA* ☑ CCA Medicare Value - (PPO) MA* 		 ☑ CCA Medicare Preferred – (PPO) RI* ☑ CCA Medicare Value - (PPO) RI* ☑ Medicare Maximum – (HMO DNSP) RI* 	

Payment Policy Summary

CCA's Multiple Procedure Payment Reduction Policy for diagnostic imaging procedures follows the guidelines established by the Centers for Medicare and Medicaid Services (CMS). The CMS policy states that the Multiple Procedure Payment Reduction Policy on diagnostic imaging applies when multiple services are performed by the same physician on a single patient, in the same session and on the same day.

Reimbursement Guidelines:

Multiple Diagnostic Imaging Reductions (MDIR)

In alignment with CMS, CCA will consider National Physician Fee Schedule (NPFS) codes with a Multiple Procedure Indicator (MPI) of 4 performed in a single session as qualified for Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging services. Varying MPPR for Diagnostic Imaging percentages are applicable to both the professional component (PC) and technical component (TC) of these services.

Multiple Diagnostic Imaging Reductions (MDIR) Percentages

If the technical component (TC) for two or more imaging procedures is performed by the same physician, on the same patient and during the same session, CCA will lower the Allowable Amount for the TC of the second and each additional procedure by 50%. CCA will consider the TC portion of the procedures(s) with the lower TC Allowable Amount as eligible for MDIR.

If the professional component (PC) is for two or more imaging procedures is performed by the same physician, on the same patient and during the same session, CCA will lower the Allowable Amount for the PC of the second and each additional procedure by 5%. CCA will consider the PC portion of the procedure(s) with the lower PC Allowable Amount as eligible for MDIR.



Multiple Diagnostic Imaging Reductions (MDIR) Global Payment

- A full payment will be made for each professional component (PC) and technical component (TC) service assigned the highest payment according to the National Physician Fee Schedule (NPFS).
- PC services occurring after the original PC service performed by the same physician, on the same patient and in the same session will be reimbursed at 95%.
- TC occurring after the original TC service performed by the same physician, on the same patient and in the same session will be reimbursed at 50%.
- To calculate the reduction(s), the individual PC and TC services with the largest payments according to the NPFS of globally billed services must be determined.

Audit and Disclaimer Information

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

References

CCA Website

CMS Website

CMS Claims Processing Manual

Payment Policies:

Massachusetts / Rhode Island

Provider Manuals:

Massachusetts / Rhode Island

Prior Authorization Forms:

Massachusetts / Rhode Island

Policy Timeline Details

- Drafted: November 2021
- 2. Approved:
- 3. Implemented: