PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_154816

Title	**Multiple Diagnostic Imaging Reductions**		
Number	**CP.PP.381.v1.9**		
Last Approval Date	03/07/25	**Original Effective Date**	12/01/2013
Replaces			
Cross Reference	• *Modifiers XE, XS, XP and XU Separate Encounter, Separate Structure, Separate Practitioner and Unusual Overlapping Service* • *Modifier 59 - Distinct Procedural Services* • *Modifier TC – Technical Component*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define how the Plan identifies applicable diagnostic imaging procedures that are subject to multiple procedure reduction and applies to the reduction which is submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
Policy	Diagnostic imaging services, which are subject to a multiple diagnostic imaging reduction of the technical component, are identified by the Multiple Procedure flag of **4** on the current Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value Guide (LINK): **Multiple Procedure flag 4** = Subject to 50% reduction from the procedure fee schedule allowance of the TC diagnostic imaging component of the second and subsequent procedures. When two or more diagnostic imaging procedures, subject to the multiple imaging reduction concept, are performed on the same patient by the same physician or other qualified healthcare professional at the same session, the following steps will occur to determine allowed amounts: • The procedure with the highest per procedure allowance will be allowed at either 100% of the procedure fee schedule allowance, or the procedure billed charge, whichever is less. • All other applicable lesser allowed procedures will be allowed with a 50% reduction of the procedure fee schedule allowance for the technical component of the code, or the procedure billed charge, whichever is less. • For the professional component, no reductions will be applied on any diagnostic imaging procedure that is subject to the multiple imaging reduction concepts. **Multiple Procedures Rendered During the Same Session** When diagnostic imaging procedures which are subject to multiple diagnostic imaging reductions, are rendered to a member during the **same session**, on the same date of service, by the same provider, the services should be billed on a single claim. These services will be subject to multiple diagnostic imaging reductions for the technical component of the applicable diagnostic imaging procedures.

	<u>Multiple Procedures Rendered During Multiple "Separate and Distinct" Sessions or Encounters</u> When diagnostic imaging procedures which are subject to the multiple diagnostic imaging reduction are rendered to the same member, on the same date of service, by the same provider **but** provided at **multiple separate and distinct sessions/encounters** (e.g., services rendered in the morning and then again later in the day), these services will need to be billed on two separate claims. Services rendered during separate and distinct sessions/encounters on the same date of service will need to be billed with the appropriate distinct procedural services modifier, ***XE – Separate Encounter***, to identify the services as separate and distinct sessions/encounters rendered on the same date of service. The use of this modifier will indicate that multiple imaging reductions should not apply. Documentation in the member's medical record/chart should reflect the multiple separate sessions/encounters in order to support the use of modifier XE If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	
Laws, Regulations & Standards	
References	• American Medical Association's Current Procedural Terminology (AMA/CPT) Codebook • Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	03/07/25; 10/03/24; 01/16/24; 02/08/23; 03/04/22; 03/23/21; 04/01/20; 05/03/19; 06/05/18; 08/11/17; 09/14/16; 04/27/16; 04/30/15; 12/16/14, 11/23/14, 12/01/13	
Version History	06/05/18	Removed the last paragraph in the POLICY section as the runout dates for the criteria have been exceeded
	05/03/19	Annual review; no changes
	04/01/20	Annual review; no changes
	03/23/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms. Added link to the CMS Medicare National Physician Fee Schedule.

	03/04/22	Annual review; no changes
	02/08/23	Annual review; no changes
	01/16/24	Annual review; no changes
	10/03/24	Removed the following statement from the Exceptions section: “Claims history for Blue Card Home and Host claims and Federal Employee Program (FEP) claims will not subject to this policy.”
	03/07/25	Annual review; within the policy section: revised the Multiple Procedures Rendered During the Same Session statement; removing the combined claims process and advising these services should be billed on the same claim.

This policy was published on March 14, 2025