

Coding Policy

Reduction to Technical Component for Multiple Radiology Services

CODING POLICY NUMBER: 99

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Practitioners
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

POLICY STATEMENT

I. Payment for the technical component (TC) for certain radiologic procedures is reduced when multiple radiologic services are performed during the same session. This reduction applies only to professional claims.

PROCEDURE

GENERAL

The radiology codes subject to multiple procedure reduction are those with a multiple procedure indicator of “4” in the Medicare Physician Fee Schedule Database (MPFSDB). The MPFSDB may be found at the CMS website.

Company allows 100% of the allowed amount for the TC component of the highest priced procedure and 50% of the allowed amount for the TC component of the second and all subsequent procedures. When the global fee is billed, the reduction is applied only to the TC portion of the fee.

REFERENCES

1. CMS Multiple Radiology Reduction

POLICY REVISION HISTORY

Date	Revision Summary
1/2015	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.