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| <b>Coding Policy<br/>Policy and Procedure</b>  |   |                        |
| SUBJECT:<br>Coding Policy 99.0 Reduction to Technical<br>Component for Multiple Radiology Services | DEPARTMENT:<br><b>Health Care Services</b>                            |                        |
| ORIGINAL EFFECTIVE DATE:<br>01/15  | DATE(S) REVIEWED/REVISED:<br>11/17, 01/19, 01/20, 01/21, 01/22, 04/22 |                        |
| APPROVED BY:<br>Coding Policy Review Committee   | NUMBER:<br><b>MC 99.0</b>   | PAGE:<br><b>1 of 1</b> |

**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”).

**APPLIES TO:**

Professional Claims  
All Lines of Business

**POLICY:**

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:**

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.

**REFERENCE:**

CMS Multiple Radiology Reduction