

Coding Policy

Multiple Diagnostic Service Reductions

CODING POLICY NUMBER: 6.2

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

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Payment for the technical component (TC) and/or professional component (PC) for certain diagnostic procedures is reduced when multiple services are performed during the same session.
- II. Same session is defined as a single visit that includes all diagnostic services that have

been ordered by a physician and performed on the same date of service, for the same patient, within the same facility. If the patient returns to the same facility on the same date for additional tests, this is not considered the same session and needs to be billed with the appropriate modifier (i.e. XE – separate encounter) to designate the service as a separate and distinct encounter rendered on the same date of service.

- III. Company allows 100% of the allowed amount for the highest priced procedure, then applies the applicable reduction to each subsequent code that is subject to the multiple procedure payment reduction (MPPR).
- IV. When multiple procedures are billed globally, the technical and professional components will be ranked independent of each other to determine primacy, and the reduction applies only to the applicable TC or PC portion of the code based on Relative Value Units (RVU) percentages.
- V. This reduction applies only to professional claims.

PROCEDURE

DIAGNOSTIC IMAGING SERVICES

Codes which are subject to a multiple diagnostic imaging reduction are identified by the multiple procedure indicator “4” in the Medicare Physician Fee Schedule (MPFS).

When two or more such services are performed during the same session, a 50% reduction is applied to the TC portion and a 5% reduction is applied to the PC portion of the subsequent diagnostic imaging services. The reduction applies to PC-only services, TC-only services, and to global services.

- Reimbursement Scale
 - Primary Diagnostic Imaging Service - 100%
 - All Subsequent Technical Components (modifier TC or global) - 50%
 - All Subsequent Professional Components (modifier 26 or global) - 95%

DIAGNOSTIC CARDIOVASCULAR SERVICES

Codes which are subject to a multiple diagnostic cardiovascular reduction are identified by the multiple procedure indicator “6” in the Medicare Physician Fee Schedule (MPFS).

When two or more such services are performed during the same session, a 25% reduction is applied to the TC portion of all second and subsequent diagnostic cardiovascular service codes. The reduction applies to only the Technical Component portion of the services.

- Reimbursement Scale
 - Primary Diagnostic Cardiovascular Service - 100%
 - All Subsequent Technical Components (modifier TC or global) - 75%
 - All Subsequent Professional Components (modifier 26 or global) - 100%

DIAGNOSTIC OPHTHALMOLOGY SERVICES

Codes which are subject to a multiple diagnostic ophthalmology reduction are identified by the multiple procedure indicator “7” in the Medicare Physician Fee Schedule (MPFS).

When two or more such services are performed during the same session, a 20% reduction is applied to the TC portion of all second and subsequent diagnostic ophthalmology service codes. The reduction applies to only the Technical Component portion of the services.

- Reimbursement Scale
 - Primary Diagnostic Ophthalmology Service - 100%
 - All Subsequent Technical Components (modifier TC or global) - 80%
 - All Subsequent Professional Components (modifier 26 or global) - 100%

CROSS REFERENCES

- Coding Policy 6.0 (Multiple Procedure Reductions)

REFERENCES

1. Centers for Medicare & Medicaid Services (cms.gov)

POLICY REVISION HISTORY

Date	Revision Summary
8/2025	Original policy effective date.
05/2026	Annual Review. No changes.