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## Multiple Procedure Reduction of the Technical Component (TC) of Certain Diagnostic Imaging Procedures

**Note:** This article was revised to include web addresses that conform to the new CMS website.

### Provider Types Affected

Physicians and suppliers billing Medicare carriers for diagnostic imaging supplies and services

### Provider Action Needed



#### **STOP – Impact to You**

This article provides details regarding the Centers for Medicare & Medicaid Services (CMS) revised policy for a multiple procedure reduction of the technical component (TC) of certain diagnostic imaging procedures.



#### **CAUTION – What You Need to Know**

CMS is phasing in a payment reduction of the technical component (TC) of selected multiple diagnostic imaging procedures with a 25 percent reduction in CY 2006 and a 50 percent reduction in CY 2007. The CMS review of its multiple imaging payment reduction policy will be ongoing.



#### **GO – What You Need to Do**

See the *Background* section of this article for further details regarding this change.

#### Disclaimer

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## Background

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Medicare prices diagnostic imaging procedures in the following three ways:

- The professional component (PC) represents the physician's interpretation (PC-only services are billed with the **26** modifier);
- The technical component (TC) represents practice expense (PE) and includes clinical staff, supplies, and equipment (TC-only services are billed with the TC modifier);
- The global service represents both PC and TC.

Effective January 1, 2006, CMS will implement a multiple procedure payment reduction on the technical component (TC) of certain diagnostic imaging procedures. The reduction applies to TC only services and the TC portion of global services for the procedures shown in Table 2 of this article. The reduction does not apply to professional component (PC) services. For 2006, CMS is making full payment for the highest priced procedure and payment at 75 percent for each additional procedure, when performed during the same session on the same day. For 2007, subsequent procedures will be paid at 50 percent.

The reduction applies only to contiguous body areas, i.e., within a family of codes, not across families, that are provided in one session. For example, the reduction would not apply to an MRI of the brain (CPT 70552) in code family 5 (of Table 2 of this article) when performed during the same (single) session, on the same day, as an MRI of the neck and spine (CPT 72142) in code family 6.

The 11 families of imaging procedures are included in Table 2 in the *Additional Information* section of this article, and are arranged by imaging modality:

- Ultrasound, CT, and computed tomographic angiography (CTA);
- MRI and magnetic resonance angiography (MRA); and
- Contiguous body area (for example, CT and CTA of Chest/Thorax/Abdomen/Pelvis).

CMS considers a single session to be one encounter where a patient could receive one or more radiological studies. If more than one of the imaging services in a single family is provided to the patient during one encounter, then this would constitute a single session and the lower-priced procedure(s) would be reduced.

On the other hand, if a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging service from the same family, then CMS considers these multiple studies in the same family on the same day to be provided in separate sessions.

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In the latter case, CMS has established that the physician should use modifier -59 to indicate multiple sessions, and that the multiple procedure reduction does not apply.

CMS responded to commenters in the Final Rule, which was published in the Federal Register on November 21, 2005

([http://www.access.gpo.gov/su\\_docs/fedreg/a051121c.html](http://www.access.gpo.gov/su_docs/fedreg/a051121c.html), Section J, page 70261).

An example of the current and CY 2006 payments is summarized in Table 1, and the revised lists of procedures subject to the reduction are included in Table 2 in the *Additional Information* section of this article.

**Table 1. Example of Payments**

|        | Procedure 1<br>(CPT 74183) | Procedure 2<br>(CPT 72196) | Current<br>total<br>payment | CY 2006 total<br>payment | CY 2006 payment<br>calculation |
|--------|----------------------------|----------------------------|-----------------------------|--------------------------|--------------------------------|
| PC     | \$117.00                   | \$90.00                    | \$207.00                    | \$207.00                 | no reduction                   |
| TC     | \$978.00                   | \$529.00                   | \$1,507.00                  | \$1,374.75               | \$978 + (.75 x \$529)          |
| Global | \$1,095.00                 | \$619.00                   | \$1,714.00                  | \$1,581.75               | \$207 + \$978 + (0.75 x \$529) |

## Implementation

The implementation date for the instruction is January 3, 2006.

## Additional Information

If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/apps/contacts/> on the CMS website.

The 11 families of imaging procedures covered by this change are contained in the following table:

**Table 2. Revised Lists of Diagnostic Imaging Procedures Subject to Reduction**

| Diagnostic Imaging Services                                  |                          |
|--|--------------------------|
| Family 1 Ultrasound (Chest/Abdomen/Pelvis - Non-Obstetrical) |                          |
| 76604  | Us exam, chest, b-scan   |
| 76700  | Us exam, abdom, complete |
| 76705  | Echo exam of abdomen     |

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| Diagnostic Imaging Services                                      |                                    |
|--|------------------------------------|
| 76770  | Us exam abdo back wall, comp       |
| 76775  | Us exam abdo back wall, lim        |
| 76778  | Us exam kidney transplant          |
| 76831  | Echo exam, uterus                  |
| 76856  | Us exam, pelvic, complete          |
| 76857  | Us exam, pelvic, limited           |
| <b>Family 2 CT and CTA (Chest/Thorax/Abd/Pelvis)</b>             |                                    |
| 71250  | Ct thorax w/o dye                  |
| 71260  | Ct thorax w/ dye                   |
| 71270  | Ct thorax w/o & w/ dye             |
| 71275  | Ct angiography, chest              |
| 72191  | Ct angiography, pelv w/o & w/ dye  |
| 72192  | Ct pelvis w/o dye                  |
| 72193  | Ct pelvis w/ dye                   |
| 72194  | Ct pelvis w/o & w/ dye             |
| 74150  | Ct abdomen w/o dye                 |
| 74160  | Ct abdomen w/ dye                  |
| 74170  | Ct abdomen w/o & w/ dye            |
| 74175  | Ct angiography, abdom w/o & w/ dye |
| 75635  | Ct angio abdominal arteries        |
| 0067T  | Ct colonography; dx                |
| <b>Family 3 CT and CTA (Head/Brain/Orbit/Maxillofacial/Neck)</b> |                                    |
| 70450  | Ct head/brain w/o dye              |
| 70460  | Ct head/brain w/ dye               |
| 70470  | Ct head/brain w/o & w/ dye         |
| 70480  | Ct orbit/ear/fossa w/o dye         |
| 70481  | Ct orbit/ear/fossa w/ dye          |
| 70482  | Ct orbit/ear/fossa w/o & w/ dye    |
| 70486  | Ct maxillofacial w/o dye           |
| 70487  | Ct maxillofacial w/ dye            |
| 70488  | Ct maxillofacial w/o & w/ dye      |
| 70490  | Ct soft tissue neck w/o dye        |
| 70491  | Ct soft tissue neck w/ dye         |
| 70492  | Ct soft tissue neck w/o & w/ dye   |
| 70496  | Ct angiography, head               |
| 70498  | Ct angiography, neck               |
| <b>Family 4 MRI and MRA (Chest/Abd/Pelvis)</b>                   |                                    |
| 71550  | Mri chest w/o dye                  |
| 71551  | Mri chest w/ dye                   |

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| Diagnostic Imaging Services                   |                                 |
|---|---------------------------------|
| 71552   | Mri chest w/o & w/ dye          |
| 71555   | Mri angio chest w/ or w/o dye   |
| 72195   | Mri pelvis w/o dye              |
| 72196   | Mri pelvis w/ dye               |
| 72197   | Mri pelvis w/o & w/ dye         |
| 72198   | Mri angio pelvis w/ or w/o dye  |
| 74181   | Mri abdomen w/o dye             |
| 74182   | Mri abdomen w/ dye              |
| 74183   | Mri abdomen w/o and w/ dye      |
| 74185   | Mri angio, abdom w/ or w/o dye  |
| <b>Family 5 MRI and MRA (Head/Brain/Neck)</b> |                                 |
| 70540   | Mri orbit/face/neck w/o dye     |
| 70542   | Mri orbit/face/neck w/ dye      |
| 70543   | Mri orbit/face/neck w/o & w/dye |
| 70544   | Mr angiography head w/o dye     |
| 70545   | Mr angiography head w/dye       |
| 70546   | Mr angiography head w/o & w/dye |
| 70547   | Mr angiography neck w/o dye     |
| 70548   | Mr angiography neck w/dye       |
| 70549   | Mr angiography neck w/o & w/dye |
| 70551   | Mri brain w/o dye               |
| 70552   | Mri brain w/dye                 |
| 70553   | Mri brain w/o & w/dye           |
| <b>Family 6 MRI and MRA (spine)</b>           |                                 |
| 72141   | Mri neck spine w/o dye          |
| 72142   | Mri neck spine w/dye            |
| 72146   | Mri chest spine w/o dye         |
| 72147   | Mri chest spine w/dye           |
| 72148   | Mri lumbar spine w/o dye        |
| 72149   | Mri lumbar spine w/dye          |
| 72156   | Mri neck spine w/o & w/dye      |
| 72157   | Mri chest spine w/o & w/dye     |
| 72158   | Mri lumbar spine w/o & w/dye    |
| <b>Family 7 CT (spine)</b>                    |                                 |
| 72125   | CT neck spine w/o dye           |
| 72126   | Ct neck spine w/dye             |
| 72127   | Ct neck spine w/o & w/dye       |
| 72128   | Ct chest spine w/o dye          |
| 72129   | Ct chest spine w/dye            |

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| Diagnostic Imaging Services                                |                                   |
|--|-----------------------------------|
| 72130  | Ct chest spine w/o & w/dye        |
| 72131  | Ct lumbar spine w/o dye           |
| 72132  | Ct lumbar spine w/dye             |
| 72133  | Ct lumbar spine w/o & w/dye       |
| <b>Family 8 MRI and MRA (lower extremities)</b>            |                                   |
| 73718  | Mri lower extremity w/o dye       |
| 73719  | Mri lower extremity w/dye         |
| 73720  | Mri lower ext w/ & w/o dye        |
| 73721  | Mri joint of lwr extre w/o dye    |
| 73722  | Mri joint of lwr extr w/dye       |
| 73723  | Mri joint of lwr extr w/o & w/dye |
| 73725 – MRA  | Mr angio lower ext w or w/o dye   |
| <b>Family 9 CT and CTA (lower extremities)</b>             |                                   |
| 73700  | Ct lower extremity w/o dye        |
| 73701  | Ct lower extremity w/dye          |
| 73702  | Ct lower extremity w/o & w/dye    |
| 73706  | Ct angio lower ext w/o & w/dye    |
| <b>Family 10 Mr and MRI (upper extremities and joints)</b> |                                   |
| 73218  | Mri upper extr w/o dye            |
| 73219  | Mri upper extr w/dye              |
| 73220  | Mri upper extremity w/o & w/dye   |
| 73221  | Mri joint upper extr w/o dye      |
| 73222  | Mri joint upper extr w/dye        |
| 73223  | Mri joint upper extr w/o & w/dye  |
| <b>Family 11 CT and CTA (upper extremities)</b>            |                                   |
| 73200  | Ct upper extremity w/o dye        |
| 73201  | Ct upper extremity w/dye          |
| 73202  | Ct upper extremity w/o & w/dye    |
| 73206  | Ct angio upper extr w/o & w/dye   |

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