blue of california

Payment Policy

Multiple Diagnostic Cardiology Reductions	
Original effect date:	Revision date:
07/08/2017	08/03/2018

IMPORTANT INFORMATION

Blue Shield of California payment policy may follow industry standard recommendations from various sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), Current Procedural Terminology (CPT) and/or other professional organizations and societies for individual provider scope of practice or other coding guidelines. The above referenced payment policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms or their electronic equivalent. This information is intended to serve only as a general reference regarding Blue Shield's payment policy and is not intended to address every facet of a reimbursement situation. Blue Shield of California may use sound discretion in interpreting and applying this policy to health care services provided in a particular case. Furthermore, the policy does not address all payment attributes related to reimbursement for health care services provided to a member. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy such as coding methodology, industry-standard reimbursement logic, regulatory/legislative requirements, benefit design, medical and drug policies. Coverage is subject to the terms, conditions and limitation of an individual member's programs benefits.

Application

Multiple diagnostic cardiology payment reduction applies to the technical component (TC) of diagnostic cardiology services when two or more diagnostic cardiology services are performed by the same physician, and/or other health care professional of the same group reporting the same Federal Tax Identification number (TIN) for the same patient during the same session on the same date of service.

Procedure ranking is determined using the relative value unit (RVU) listed in the Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule based on the place of service where the services are performed.

Policy

This policy is applied to claims with date of service on or after July 8, 2017.

Blue Shield will apply a 25 percent adjustment (reduction) of the Blue Shield Provider Allowance to the technical component (modifier TC) of diagnostic cardiology services, when multiple services are performed by the same physician and/or other health care professional of the same group reporting the same Federal Tax Identification number (TIN) for the same patient during the same session on the same date of services.

Procedures in this policy are identified by CMS with a Multiple Procedure Indicator of 6 in the CMS Medicare Physician Fee Schedule (MPFS) Relative Value File.

Rationale

Section 3134 of the Affordable Care Act added section 1848©(2)(K) of the Social Security Act which specifies that the Secretary shall identify potentially mis-valued codes by examining multiple codes that are frequently billed in conjunction with furnishing a single service. Blue Shield of California has adopted a multiple diagnostic cardiology reduction policy for the technical component of diagnostic cardiology services in order to more appropriately recognize the efficiencies when combinations of multiple diagnostic services are furnished together.

Reimbursement Guideline

Blue Shield of California will reference national or regional industry standards, such as Centers for Medicare & Medicaid Services (CMS) and American Medical Association's (AMA) CPT guidelines, as coding standards and as guidance for payment policy. In claims payment scenarios where CMS and/or CPT reference is lacking or insufficient, the Payment Policy Committee (PPC) may develop customized payment policies that are based on other accepted or analogous industry payment standards and or expert input.

Resources
• **American Medical Association** https://www.ama-assn.org/ • **CMS Medicare Physician Fee Schedule (MPFS) Relative Value File** https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/PhysicianFeeSched/PFS-Relative-Value-Files.html

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
07/08/2017	New Policy Adoption	Payment Policy Committee
08/03/2018	Maintenance	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

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