Select Health

CODING/REIMBURSEMENT POLICY

MULTIPLE PROCEDURE REDUCTION FOR DIAGNOSTIC CARDIOLOGY PROCEDURES

Policy # 73
Implementation Date: 1/1/13
Review Dates:
Revision Dates:

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description
Based on CMS policy, a multiple procedure reduction applies to diagnostic cardiology procedures. All diagnostic cardiology services are considered part of a single family. A reduction is applied to the technical component (TC) only.

- The professional (PC/26) represents the physician work, i.e., the interpretation
- The technical (TC) component represents Practice Expense (PE), i.e., clinical staff, supplies, and equipment
- The global service represents both the professional (PC/26) and technical (TC) components

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health **follows the CMS policy that applies a payment reduction for multiple units or multiple diagnostic cardiology services**. When multiple units of diagnostic cardiology services and/or multiple procedures are billed for the same patient by the same provider on the same date of service, a payment reduction will be made to the Technical (-TC) portion of the services rendered.

- Full payment will be made for the unit or the procedure with the highest PE payment
- For subsequent units and procedures, a 25 percent reduction will be applied for the Technical (-TC) portion of the services rendered

The reduction will be applied regardless of the provider type/specialty providing the services. The reduction will apply to the codes listed below.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Billing/Coding Information
CPT CODES

CPT	Description
78428	Cardiac shunt detection
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	; multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	; single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78456	Acute venous thrombus imaging, peptide
78457	Venous thrombosis imaging, venogram; unilateral
78458	Venous thrombosis images, venogram; bilateral
78428	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78466	; with ejection fraction by first pass technique
78468	; tomographic SPECT with or without quantification
78469	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78472	; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78473	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78481	; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78494	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93000	; tracing only, without interpretation and report
93005	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
93015	; tracing only, without interpretation and report
93017	Ergonovine provocation test
93024	Microvolt T-wave alternans for assessment of ventricular arrhythmias
93025	Rhythm ECG, 1-3 leads; with interpretation and report
93040	Rhythm ECG, 1-3 leads; tracing only without interpretation and report
93041	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial

	pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive
93050	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
93224	; recording (includes connection, recording, and disconnection)
93225	; scanning analysis with report
93226	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
93229	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
93260	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
93261	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93268	; recording (includes connection, recording, and disconnection)
93270	; transmission and analysis
93271	Signal-averaged electrocardiography (SAECG), with or without ECG
93278	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
93279	; dual lead pacemaker system
93280	; multiple lead pacemaker system
93281	; single lead transvenous implantable defibrillator system
93282	; dual lead transvenous implantable defibrillator system
93283	; multiple lead transvenous implantable defibrillator system
93284	; implantable loop recorder system
93285	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system
93286	; single, dual, or multiple lead implantable defibrillator system
93287	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system

93288	; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
93289	; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93290	; implantable loop recorder system, including heart rhythm derived data analysis
93291	; wearable defibrillator system
93292	Transthoracic echocardiography for congenital cardiac anomalies; complete
93303	; follow-up or limited study
93304	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93308	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93312	; image acquisition, interpretation and report only
93314	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93318	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
93350	; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
93351	Bioimpedance-derived physiologic cardiovascular analysis
93701	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
93702	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93724	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93784	; recording only
93786	; scanning analysis with report
93788	Duplex scan of extracranial arteries; complete bilateral study
93880	Duplex scan of extracranial arteries; unilateral or limited study
93882	Transcranial Doppler study of the intracranial arteries; complete study
93886	; limited study
93888	; vasoreactivity study
93890	; emboli detection without intravenous microbubble injection

93892	; emboli detection with intravenous microbubble injection
93893	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral
93895	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
93922	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
93923	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
93924	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93925	; unilateral or limited study
93926	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93930	; unilateral or limited study
93931	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93970	; unilateral or limited study
93971	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93975	; limited study
93976	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93978	; unilateral or limited study
93979	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93980	; follow-up or limited study
93981	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
93990	Cardiac shunt detection

Sources

1. *Current Procedural Terminology (CPT®)*, (2017) – American Medical Association

2. Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures. November 6, 2012. Retrieved on April 3, 2017. from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7848.pdf
3. Application of the Multiple Procedure Payment Reduction (MPPR) on Imaging Services to Physicians in the Same Group Practice. August 2, 2012. Retrieved on August 25, 2014. from http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7747.pdf
4. Centers for Medicare & Medicaid Services (CMS). (2012, August 2). Application of the Multiple Procedure Payment Reduction (MPPR) on the Professional Component (PC) and Technical Component (TC) of Certain Diagnostic Imaging Procedures to Physicians in the Same Group Practice. Retrieved August 27, 2014, from http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1104OTN.pdfenters for Medicare & Medicaid Services (CMS). (2012, August 2). Multiple Procedure Payment Reduction (MPPR) for Selected Therapy Services. Retrieved August 27, 2014, from http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R826OTN.pdf

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