

Frequently Asked Questions (FAQs)¹ Regarding Medicare's Payment Regulations When Multiple Imaging Procedures Are Performed

This document provides responses to frequently asked questions concerning Medicare's Multiple Imaging Composite Ambulatory Payment Classification (APCs) groups and Medicare multiple imaging procedure discount (MPD) regulation for imaging services paid under the Medicare Physician Fee Schedule (MPFS).

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<http://www.gehealthcare.com/reimbursement>



Q.1: How many multiple imaging procedures payment regulations does Medicare have?

A.1: Medicare has two distinct payment regulations that impact the amount reimbursed when multiple imaging services are performed.

- In the hospital outpatient site of service, Medicare has established five imaging composite Ambulatory Payment Categories (APCs) that are divided into three imaging families.
- In the freestanding physician clinic or an independent diagnostic testing facility (IDTF) paid under the MPFS, Medicare has created 11 families of imaging procedures

Q.2: What is CMS's rationale for creating payment regulations for multiple imaging procedures?

Q.2: CMS believes that when two or more imaging procedures are performed on a Medicare patient during a single session or same day of service that a cost savings should be realized for duplicative administrative activities that are performed only once. (ie, greeting patient, retrieving prior exams).

I. HOSPITAL OUTPATIENT FACILITY

Q.3: How does Medicare reimburse for imaging services performed in the hospital outpatient site of service?

A.3: Medicare reimburses hospitals for their outpatient services under the Outpatient Prospective Payment System (OPPS). Under OPPS, outpatient services are organized into payment groups of services known as Ambulatory Payment Classifications (APCs). The following illustrates how coding and payment flow:

- CPT/HCPCS codes are used to report services performed in the hospital outpatient setting.
- Medicare assigns the reported CPT codes to the appropriate APC payment group.
- In the hospital outpatient setting, the APC payment replaces the technical component payment for imaging procedures that have professional and technical components.
- Physicians bill separately under the MFPS for their professional service

Q.4: How does Medicare reimburse multiple imaging services when they are performed on the same date of service in the Hospital Outpatient setting?

A.4: Under the Medicare Hospital Outpatient Payment System (OPPS), Medicare has established five imaging composite Ambulatory Payment Categories (APCs). These five APCs are divided into three imaging families. Medicare will make only one APC payment when two or more imaging procedures are performed in the same family.

Q.5: What are the five imaging composite APCs that pertain to Medicare outpatient services?

A.5: Family 1

- APC 8004-Ultrasound composite

Family 2

- APC 8005-CT and CTA without contrast composite
- APC 8006-CT and CTA with contrast composite

Family 3

- APC 8007-MRI and MRA without contrast composite
- APC 8008- MRI and MRA with contrast composite

Q.6: What CPT codes are associated with each “imaging family”?

A.6: The following tables show which CPT codes² are in each “imaging family”

Family 1 - Ultrasound

APC 8004 (Ultrasound Composite) (When more than one of the following codes is reported on the same date of services, APC 8004 applies)	
76604	Us exam, chest.
76700	Us exam, abdom, complete.
76705	Echo exam of abdomen.
76770	Us exam abdo back wall, comp.
76775	Us exam abdo back wall, lim.
76776	Us exam k transpl w/Doppler.
76831	Echo exam, uterus.
76856	Us exam, pelvic, complete.
76870	Us exam, scrotum.
76857	Us exam, pelvic, limited.

Family 2 – CT and CTA with and without contrast *

APC 8005 (CT and CTA without Contrast Composite) (When more than one of the following codes is reported on the same date of services, APC 8005 applies)	
0067T	CT colonography; dx.
70450	CT head/brain w/o dye.
70480	CT orbit/ear/fossa w/o dye.
70486	CT maxillofacial w/o dye.
70490	CT soft tissue neck w/o dye.
71250	CT thorax w/o dye.
72125	CT neck spine w/o dye.
72128	CT chest spine w/o dye.
72131	CT lumbar spine w/o dye.
72192	CT pelvis w/o dye.
73200	CT upper extremity w/o dye.
73700	CT lower extremity w/o dye.

**APC 8006 (CT and CTA with Contrast Composite)
(When more than one of the following codes is reported
on the same date of services, APC 8006 applies)**

70487	CT maxillofacial w/dye.
70460	CT head/brain w/dye.
70470	CT head/brain w/o & w/dye.
70481	CT orbit/ear/fossa w/dye.
70482	CT orbit/ear/fossa w/o&w/dye.
70488	CT maxillofacial w/o & w/dye.
70491	CT soft tissue neck w/dye.
70492	CT sft tsue nck w/o & w/dye.
70496	CT angiography, head.
70498	CT angiography, neck.
71260	CT thorax w/dye.
71270	CT thorax w/o & w/dye.
71275	CT angiography, chest.
72126	CT neck spine w/dye.
72127	CT neck spine w/o & w/dye.
72129	CT chest spine w/dye.
72130	CT chest spine w/o & w/dye.
72132	CT lumbar spine w/dye.
72133	CT lumbar spine w/o & w/dye.
72191	CT angiograph pelv w/o&w/dye.
72193	CT pelvis w/dye.
72194	CT pelvis w/o & w/dye.
73201	CT upper extremity w/dye.
73202	CT uppr extremity w/o&w/dye.
73206	CT angio upr extrm w/o&w/dye.
73701	CT lower extremity w/dye.
73702	CT lwr extremity w/o&w/dye.
73706	CT angio lwr extr w/o&w/dye.
74160	CT abdomen w/dye.
74170	CT abdomen w/o & w/dye.
74175	CT angio abdom w/o & w/dye.
75635	CT angio abdominal arteries.

Family 3 – MRI and MRA with and without contrast ****APC 8007 (MRI and MRA without Contrast Composite)
(When more than one of the following codes is reported
on the same date of services, APC 8007 applies)**

70336	Magnetic image, jaw joint.
70540	MRI orbit/face/neck w/o dye.
70544	MR angiography head w/o dye.
70547	MR angiography neck w/o dye.
70551	MRI brain w/o dye.
70554	FMRI brain by tech.
71550	MRI chest w/o dye.
72141	MRI neck spine w/o dye.
72146	MRI chest spine w/o dye.
72148	MRI lumbar spine w/o dye.
72195	MRI pelvis w/o dye.
73218	MRI upper extremity w/o dye.
73221	MRI joint upr extrem w/o dye.
73718	MRI lower extremity w/o dye.

**APC 8008 (MRI and MRA with Contrast Composite)
(When more than one of the following codes is reported
on the same date of services, APC 8008 applies)**

70549	MR angiograph neck w/o&w/dye.
70542	MRI orbit/face/neck w/dye.
70543	MRI orbt/fac/nck w/o & w/dye.
70545	MR angiography head w/dye.
70546	MR angiograph head w/o&w/dye.
70548	MR angiography neck w/dye.
70552	MRI brain w/dye.
70553	MRI brain w/o & w/dye.
71551	MRI chest w/dye.
71552	MRI chest w/o & w/dye.
72142	MRI neck spine w/dye.
72147	MRI chest spine w/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.
72196	MRI pelvis w/dye.
72197	MRI pelvis w/o & w/dye.
73219	MRI upper extremity w/dye.
73220	MRI uppr extremity w/o&w/dye.
73222	MRI joint upr extrem w/dye.
73223	MRI joint upr extr w/o&w/dye.
73719	MRI lower extremity w/dye.
73720	MRI lwr extremity w/o&w/dye.
73722	MRI joint of lwr extr w/dye.
73723	MRI joint lwr extr w/o&w/dye.
74182	MRI abdomen w/dye.
74183	MRI abdomen w/o & w/dye.
75561	Cardiac MRI for morph w/dye.

75563	Card MRI w/stress img & dye.
C8900	MRA w/cont, abd.
C8902	MRA w/o fol w/cont, abd.
C8903	MRI w/cont, breast, uni.
C8905	MRI w/o fol w/cont, brst, un.
C8906	MRI w/cont, breast, bi.
C8908	MRI w/o fol w/cont, breast,
C8909	MRA w/cont, chest.
C8911	MRA w/o fol w/cont, chest.
C8912	MRA w/cont, lwr ext.
C8914	MRA w/o fol w/cont, lwr ext.
C8918	MRA w/cont, pelvis.
C8920	MRA w/o fol w/cont, pelvis.

* If a “without contrast” CT or CTA procedure is performed during the same session as a “with contrast” CT or CTA procedure, the Outpatient Code Editor (OCE) will assign APC 8006 rather than 8005.

** If a “without contrast” MRI or MRA procedure is performed during the same session as a “with contrast” MRI or MRA procedure, the OCE will assign APC 8008 rather than 8007.

Q.7: During the same date of service, if a MRI/MRA or CT/CTA imaging procedure is performed without contrast along with another contrast procedure in the same family, which APC will be reimbursed?

A.7: If a “without contrast” CT or CTA procedure is performed during the same session as a “with contrast” CT or CTA procedure, Medicare will reimburse APC 8006.
If a “without contrast” MRI or MRA procedure is performed during the same session as a “with contrast” MRI or MRA procedure, Medicare will reimburse APC 8008.

Q.8: What APC(s) does Medicare pay if two imaging procedures in different families are performed on the same date of service?

A.8: When multiple imaging procedures performed on the same date of service are in different imaging families, each imaging procedure will receive a separate APC payment.

- **Example:** When a hospital outpatient imaging facility performs on the same date of service an ultrasound exam of the abdomen (CPT-76700 and a CT Abdomen [CPT- 74159-Family 2] Medicare will reimburse for two APCs. (CPT 76700 under APC 0266 and CPT 74159 under APC 0662)

II. FREESTANDING PHYSICIAN CLINIC OR AN INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)

Q9: What is the “multiple imaging procedure discount” (MPD) under the Medicare Physician Fee Schedule?

A9: CMS has identified 11 families of imaging procedures by modality (CT, MR, Ultrasound) and the MPD only applies to the technical component (TC) payment for multiple imaging services performed on “contiguous body parts” in a single patient session.³

- Thus, when a physician performs more than one imaging procedure within one of the 11 designated families on a given patient; the technical portion of the MFPS payment will be reduced.

Q10: Which sites of service does Medicare’s Multiple Imaging Procedure Discount (MPD) regulation apply to?

A10: Medicare’s MPD regulation applies only to freestanding physician offices and freestanding Independent Diagnostic Testing Facilities (IDTF) sites of care that are paid under the Medicare Physician Fee Schedule (MPFS).

Q11: Are all diagnostic imaging modalities impacted by the MPD?

A11: No, only MR, CT and Ultrasound are impacted.

Q12: Are all MR, CT, and Ultrasound procedures subject to MPD?

A12: No, only imaging procedures that are contained in the 11 Diagnostic Imaging Families established by CMS. (See A. 13 below for list of Families) Also, these procedures are only discounted if they are performed on contiguous body parts, in a single patient session and within the same family. Procedures performed in different families in a single session will be fully reimbursed.

Q13: What CPT codes are associated with each family?

A13: The following tables list the associated Current Procedural Terminology (CPT) codes⁴ associated with each of the 11 Families⁵:

Family 1 - Ultrasound (Chest/Abdomen/Pelvis – non obstetrical)

76604	US exam, chest, b-scan
76700	US exam, abdom, complete
76705	Echo exam of abdomen
76770	US exam abdo back wall, comp
76775	US exam abdo back wall, lim
76831	Echo exam, uterus
76856	US exam, pelvic, complete
76857	US exam, pelvic, limited

Family 2 – CT and CTA (Chest / Thorax / Abdomen / Pelvis)

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

Family 3 – CT and CTA (Head / Brain / Orbit / Maxillofacial / Neck)

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

Family 4 – MRI and MRA (Chest / Abdomen / Pelvis)

71550	MRI chest w/o dye
71551	MRI chest w/dye
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

Family 5 – MRI and MRA (Head / Brain / Neck)

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

Family 6 – MRI and MRA (Spine)

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

Family 7 – CT (Spine)

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
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

Family 8 – MRI and MRA (Lower Extremities)

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

Family 9 – CT and CTA (Lower Extremities)

73700	CT lower extremity w/o dye
73701	CT lower extremity w/o & w/dye
73702	CT lower extremity w/o & w/dye
73706	CT angio lower ext w/o & w/dye

Family 10 – MRI and MRA (Upper Extremities and Joints)

73128	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 ext w/o & w/dye

Family 11 – CT and CTA (Upper Extremities)

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

Q14: Which Medicare payment component is affected by the multiple imaging procedure discount?

A14: The “multiple imaging procedure discount” affects only the technical, or facility, payment component of the imaging service when performed in a freestanding physician clinic or independent diagnostic testing facility (IDTF). It does not apply to the professional payment component in any site of service.⁶

Q15: Does the multiple imaging procedure discount apply to the Physician (or Professional) component?

A15: No. The “multiple imaging procedure discount” does not apply to the physician’s professional component. Thus, there is no payment reduction for interpreting multiple images.

Q16: How does CMS define a single session that is subject to the MPD?

A16: A single session is defined as one encounter where a patient could receive one or more radiological studies. If more than one imaging procedure in a single family were provided to the patient during one encounter, the discount would be applied. Also, if a patient has a separate encounter on the same day for a medically necessary reason and receives a second imaging procedure from the same family, these would be considered multiple studies in multiple sessions. CMS has established that the physician should use modifier -59 to indicate multiple sessions and that the multiple procedure discount does not apply.⁷

Q17: Are there any changes to the existing MPD rate in 2010?

A17: Yes. Effective July 1, 2010 the MPD reduction will increase from 25% to 50% as required by the new health care reform law “The Patient Protection and Affordable Care Act”.

Q18: What impact does the multiple imaging procedure discount have on other payers including private payers?

A18: Since private payers (ie, Blue Cross Blue Shield, Aetna, and Cigna) each establish their own reimbursement policies independently of CMS, providers should check with their private payers to see if they have similar policies.

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³ As published in Federal Register, Vol. 71, No. 231, December 1, 2006 with revisions published in Federal Register, Vol. 71, No. 236, December 8, 2006.

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⁵ As published in Federal Register, Vol. 70, No. 223, November 21, 2005, p. 70264-70265

⁶ As published in Federal Register, Vol. 71, No. 231, December 1, 2006 with revisions published in Federal Register, Vol. 71, No. 236, December 8, 2006.

⁷ Federal Register, Vol. 70, No. 223, Monday, November 21, 2005, p. 70263.

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