



Changes to Existing Reimbursement Policies – Effective Aug. 1, 2014

Effective for claims with dates of service on or after Aug. 1, 2014, UnitedHealthcare Community Plan is changing the following reimbursement policies for Medicaid and Medicare products:

- **Radiology Multiple Imaging Reduction Policy:** Additional reductions for diagnostic cardiovascular, ophthalmology and the professional component of imaging services
- **Multiple Procedure Policy:** New process for multiple endoscopic procedures

Radiology Multiple Imaging Reduction Policy:

To better align with the Centers for Medicare & Medicaid Service (CMS) policies, we will revise the current Radiology Multiple Imaging Reduction Policy to apply the multiple procedure payment reduction (MPPR) for diagnostic cardiovascular, ophthalmology and the professional component (PC) of imaging services, effective Aug. 1, 2014.

Consistent with the CMS national physician fee schedule (NPFS), UnitedHealthcare Community Plan will apply MPPR to the secondary and subsequent procedures for:

- The technical component (TC) only, and the TC portion of, global services assigned a multiple procedure indicator (MPI) of 6 or 7
- The PC (modifier 26) only, and the PC portion of, global services assigned an MPI of 4

MPPR will apply when multiple services assigned an MPI of 6 or 7 are provided for the same member on the same day by the same physician or multiple physicians in the same group practice reporting under the same federal tax identification number (TIN). The additional imaging reduction will apply when multiple services assigned an MPI of 4 are provided for the same member in the same session by the same physician or multiple physicians in the same group practice reporting under the same TIN. Services will be ranked by the CMS total non-facility or facility relative value unit (RVU). The services with the highest RVU will be considered primary, and services with the lower RVU will be considered secondary and subsequent. MPPR will apply independently to cardiovascular, ophthalmology and imaging services.

- For the TC of cardiovascular services (MPI 6), services ranked as primary will be allowed at 100 percent of the allowable amount. Secondary and subsequent services will be reduced by 25 percent of the allowable amount.
- For the TC of ophthalmology services (MPI 7), services ranked as primary will be allowed at 100 percent of the allowable amount. Secondary and subsequent services will be reduced by 20 percent of the allowable amount.

- For the PC (modifier 26) of imaging services (MPI 4), services ranked as primary will be allowed at 100 percent of the allowable amount. Secondary and subsequent services will be reduced by 25 percent of the allowable amount.

To view applicable codes for this revision, please go to cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html.

Multiple Procedure Policy:

The CMS physician fee schedule (PFS) relative value file identifies some endoscopy procedures with a PFS MPI of 3. Special rules for multiple endoscopy procedures apply if the procedure is billed with another endoscopy in the same family. UnitedHealthcare Community Plan uses the CMS MPIs 2 and 3 – as indicated in the PFS relative value file – to determine which procedures are eligible for multiple procedure reductions.

Currently, UnitedHealthcare Community Plan uses the CMS total non-facility or facility RVU to determine the ranking of primary, secondary and subsequent procedures based on the site of service. UnitedHealthcare Community Plan then applies a 50 percent reduction to procedures ranked as secondary and subsequent – including multiple endoscopy procedures – except in limited circumstances where 25 percent of the allowed amount is reimbursed for procedures beyond the secondary procedure.

For payment of multiple endoscopies, CMS has created endoscopy “families.” Each family consists of a single base code and a related list of other codes. The base code – or endobase – is the most basic, least complex form of the procedure being done. The other codes describe more specific procedures that can be done as part of the endoscopy.

For each indicator 3 code, the CMS PFS indicates the corresponding endobase. Under CMS special adjustment rules, when multiple endoscopic procedures from the same family (same endobase) are reported on the same day, CMS allows the full allowable amount for the highest valued endoscopy code in the family and allows any additional endoscopy codes in the same family at a reduced amount based on the value of the PFS-designated endobase.

To further align with CMS, we are changing the Multiple Procedure Policy to administer the CMS special multiple endoscopic rules instead of our standard 50 percent reduction when related endoscopic procedures within the same family are performed on the same day. In those instances, the lower ranking endoscopy codes in the same endoscopy family will receive an endoscopic adjustment to reduce the allowed amount based on the amount of the endobase. When multiple endoscopies in the same family are performed on the same date as other surgical procedures, the endoscopy codes may be subject to the both endoscopic and multiple surgery reductions.

The PFS identifies procedures codes with an MPI of 3 and corresponding endobase codes. It includes 33 families consisting of 295 codes identified by CMS as subject to the endoscopic reduction. To view the current PFS, please go to cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html.

In some instances, standard multiple procedure ranking may also be applicable after multiple endoscopic rules are applied.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies, and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

If there is any inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.