

MULTIPLE PROCEDURE REDUCTION FOR DIAGNOSTIC **CARDIOLOGY PROCEDURES**

Policy # 73

Implementation Date: 1/1/13

Revision Dates:

Disclaimer:

- 1. Policies are subject to change without notice.
- 2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) 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

SelectHealth 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.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy.

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy.

Billing/Coding Information

CPT CODES

СРТ	Description
78428	Cardiac shunt detection

78445	Non-cardiac vascular flow imaging (ie, angiography, venography)
	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation
	correction, qualitative or quantitative wall motion, ejection fraction by first
70454	pass or gated technique, additional quantification, when performed); single
78451	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)
	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
78454	(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
	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest
78469	or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
70409	; multiple studies, wall motion study plus ejection fraction, at rest
	and stress (exercise and/or pharmacologic), with or without additional
78472	quantification
	Cardiac blood pool imaging (planar), first pass technique; single study, at
70.472	rest or with stress (exercise and/or pharmacologic), wall motion study plus
78473	ejection fraction, with or without quantification ; multiple studies, at rest and with stress (exercise and/or
	pharmacologic), wall motion study plus ejection fraction, with or without
78481	quantification
	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion
78483	study plus ejection fraction, with or without quantitative processing
78494	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93000	·
93000	; tracing only, without interpretation and report Cardiovascular stress test using maximal or submaximal treadmill or bicycle
	exercise, continuous electrocardiographic monitoring, and/or
93005	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
	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
93041	extremity artery, non-invasive
-	External electrocardiographic recording up to 48 hours by continuous
	rhythm recording and storage; includes recording, scanning analysis with
02050	report, review and interpretation by a physician or other qualified health
93050	care professional
93224	; recording (includes connection, recording, and disconnection)

93225	; scanning analysis with report
	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
93226	physician or other qualified health care professional
	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
93229	subcutaneous lead defibrillator system
00220	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
93260	subcutaneous lead defibrillator system
	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;
00004	includes transmission, review and interpretation by a physician or other
93261	qualified health care professional
93268	; recording (includes connection, recording, and disconnection)
93270	; transmission and analysis
93271	Signal-averaged electrocardiography (SAECG), with or without ECG
	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
93278	physician or other qualified health care professional; single lead pacemaker system
	; dual lead pacemaker system
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93280	; multiple lead pacemaker system
93280 93281	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system
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93280 93281 93282	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system
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93280 93281 93282 93283	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with
93280 93281 93282 93283 93284	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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
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93280 93281 93282 93283 93284 93284	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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 ; single, dual, or multiple lead implantable defibrillator system Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes
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93280 93281 93282 93283 93284 93285 93286	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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 ; single, dual, or multiple lead implantable defibrillator system 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 ; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements ; implantable cardiovascular monitor system, including analysis of
93280 93281 93282 93283 93284 93285 93286 93287 93288	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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 ; single, dual, or multiple lead implantable defibrillator system 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 ; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements ; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all
93280 93281 93282 93283 93284 93285 93286	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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 ; single, dual, or multiple lead implantable defibrillator system 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 ; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements ; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
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93280 93281 93282 93283 93284 93285 93286 93287 93288	; multiple lead pacemaker system ; single lead transvenous implantable defibrillator system ; dual lead transvenous implantable defibrillator system ; multiple lead transvenous implantable defibrillator system ; implantable loop recorder system 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 ; single, dual, or multiple lead implantable defibrillator system 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 ; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements ; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors

93292	Transthoracic echocardiography for congenital cardiac anomalies; complete
93303	; follow-up or limited study
	Echocardiography, transthoracic, real-time with image documentation (2D),
	includes M-mode recording, when performed, complete, with spectral
93304	Doppler echocardiography, and with color flow Doppler echocardiography
	Echocardiography, transthoracic, real-time with image documentation (2D),
93306	includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
30000	Echocardiography, transthoracic, real-time with image documentation (2D),
93307	includes M-mode recording, when performed, follow-up or limited study
	Echocardiography, transesophageal, real-time with image documentation
00000	(2D) (with or without M-mode recording); including probe placement, image
93308	acquisition, interpretation and report
93312	; image acquisition, interpretation and report only
	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
93314	immediate time basis
	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
93318	pharmacologically induced stress, with interpretation and report;
30010	; including performance of continuous electrocardiographic
	monitoring, with supervision by a physician or other qualified health care
93350	professional
93351	Bioimpedance-derived physiologic cardiovascular analysis
	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for
93701	lymphedema assessment(s)
	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and
	termination of tachycardia via implanted pacemaker, and interpretation of
93702	recordings)
	Ambulatory blood pressure monitoring, utilizing a system such as magnetic
02724	tape and/or computer disk, for 24 hours or longer; including recording,
93724	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
	Quantitative carotid intima media thickness and carotid atheroma
93893	evaluation, bilateral
	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
93895	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

Key References

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