**PAYMENT POLICY ID NUMBER: 15-046**

**Original Effective Date: 08/01/2014**

**Revised: 08/10/2023**

# Multiple Diagnostic Ophthalmology Procedure Reduction

**THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.**

## DESCRIPTION:

This policy describes the reimbursement when multiple diagnostic ophthalmology procedures are reported on the same date of service for the same patient.

As defined by the Centers for Medicare and Medicaid Services (CMS), some elements that comprise these services are duplicated when multiple procedures are performed on a single day. CMS has said:

> *Under the resource-based practice expense (PE) methodology, specific PE inputs of clinical labor, supplies, and equipment are used to calculate PE relative value units for each individual service. When multiple diagnostic tests are performed to the same patient on the same day, most of the clinical labor activities and some supplies are not furnished twice.*

Duplicate components cited by CMS include preparing the room equipment and supplies, greeting the patient, educating, instructing and counseling the patient, gaining consent, completing diagnostic forms, preparing charges, taking history and vitals, monitoring the patient, providing post-treatment patient assistance, cleaning the room and equipment, quality assurance documentation, and duplicated supply items. CMS implemented its reduction policy for diagnostic ophthalmology procedures in January 2013 based upon instructions in the Affordable Care Act that required CMS to identify potentially mis-valued codes by examining multiple codes that are frequently billed together. This multiple procedure reduction policy seeks to align with CMS' findings and appropriately account for this duplication of value when multiple services are performed on the same day.

This reduction is similar to those Florida Blue applies to multiple surgical procedures, multiple radiologic imaging procedures, multiple therapy procedures and multiple evaluation and management services. This policy applies to billing for ophthalmology services on a CMS-1500 or equivalent claim form. Same provider for the purposes of this policy includes all physicians and/or other health care professionals reporting under the same Federal Tax Identification number.

**REIMBURSEMENT INFORMATION:**

Diagnostic ophthalmology codes subject to the reduction policy are defined by the CMS Medicare Physician Fee Schedule (MPFS). The procedure codes with a MULT PROC value of "7" will be considered under this policy.

When multiple diagnostic ophthalmology procedures are performed, the primary procedure is allowed at 100 percent. However, allowances for secondary and all subsequent procedures performed on the same date of service are reduced by **20 percent of the technical component (TC)**.

The primary procedure is identified as the one with the highest total Relative Value Unit (RVU) as published by CMS.

The following is an example of how the multiple procedure reduction is applied:

| Procedure Code | Relative Value | Global Allowance | Technical Allowance (TC) |
|---|---|---|---|
| 92235 | 4.09 | $132 | $91 |
| 92250 | 1.11 | $37 | $16 |

Payment Calculation:
92235 = **$132** – Primary procedure – no reduction
92250 = $37 – ($16x 20%) = $37 - $3.20 = **$33.80**
TOTAL ALLOWANCE = $**165.80**

Florida Blue considers a single session to be one encounter where a patient could receive one or more ophthalmologic studies. If more than one of the services is provided to the patient during one encounter, then this would constitute a single session and the lower valued procedure(s) would be reduced.

On the other hand, if a patient has a separate encounter on the same day for a medically necessary reason and receives a second ophthalmology service, Florida Blue considers these multiple studies on the same day to be provided in separate sessions. These exceptions will require documentation of the medically necessary reason in the patient's medical record and will be consider by Florida Blue upon appeal.

The professional component (PC) will not be affected. The reduction applies only to the technical component (TC) of the ophthalmology code.

**BILLING AND CODING:**

CPT®/HCPCS codes subject to Multiple Diagnostic Ophthalmology Procedure Reduction are identified in the Medicare Physician Fee Schedule (MPFS) Relative Value File with a value of "7" in the MULT PROC field. The file can be located in the References section below.

**DEFINITIONS:**

**Professional Component** represents the physician or other health care professional work portion (physician work/practice overhead/malpractice expense) of the procedure. The professional component is the physician or other health care professional supervision and interpretation of a procedure that is personally furnished to an individual patient, results in a written narrative report to be included in the patient's medical record, and directly contributes to the patient's diagnosis and/or treatment. In appropriate circumstances, it is identified by appending modifier 26 to the designated procedure code or by reporting a standalone code that describes the professional component only of a selected diagnostic test.

**Technical Component** is the performance (technician/equipment/facility) of the procedure. In appropriate circumstances, it is identified by appending modifier TC to the designated procedure code or by reporting a standalone code that describes the technical component only of a selected diagnostic test.

**Global** service includes both professional and technical components. When a physician or other health care professional bills a global service, he or she is submitting for both the professional and technical components of that code. Submission of a global service asserts that the same individual physician or other health care professional provided the supervision, interpretation and report of the professional services as well as the technician, equipment, and the facility needed to perform the procedure.

**REFERENCES:**


1. American Medical Association, *Current Procedural Terminology (CPT®), Professional Edition*
2. CMS, Medicare Physician Fee Schedule Relative Value File: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html
3. CMS*, MLN Matters MM7848: Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures,* November 6, 2012*: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals-Items/R1149OTN?DLPage=1&DLEntries=100&DLSort=1&DLSortDir=descending*
4. CMS, *Final Rule with Comment Period, Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2013*, November 16, 2012. http://www.gpo.gov/fdsys/pkg/FR-2012-11-16/pdf/2012-26900.pdf


**GUIDELINE UPDATE INFORMATION:**

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|---|---|
| 09/10/2015 | New Payment Policy |
| 08/04/2016 | Annual Review |
| 08/17/2017 | Annual Review – examples refreshed |
| 08/16/2018 | Annual Review |
| 08/15/2019 | Annual Review |
| 08/13/2020 | Annual Review- Removed “For service dates beginning with August 1, 2014” from the Reimbursement Information section of the policy. |
| 08/12/2021 | Annual Review – RVUs for the Multiple Diagnostic Ophthalmology Procedure Reduction example revised to reflect 2021 RVUs for procedure codes 92235 and 92250. |
| 08/11/2022 | Annual Review – RVUs for the Multiple Diagnostic Ophthalmology Procedure Reduction example revised to reflect 2022 RVUs for procedure codes. |
| 08/10/2023 | Annual Review – RVUs for example updated to reflect 2023 values. References reviewed and updated. |