

**Billing and Reimbursement Guideline:
Multiple Radiological Procedures Performed in an Outpatient Facility Setting**

Guideline Publication Date: September 1, 2010

Key coding, documentation and reimbursement points include:

- Neighborhood will reduce payment for any radiological code pair that requires pricing reduction when billed on the same day.
- Neighborhood will reimburse the primary procedure at 100% of the allowed fee schedule and 50% for any subsequent procedures.
- This policy applies to the technical and global components.
- This policy applies to imaging procedures that are considered within the same region or “family”.
- Modifier 59 may be used to indicate a second procedure performed at a different sitting or session. Notes are required for separate reimbursement consideration.
- This guideline applies to CMS-1500 and UB-92 claim submissions.
- This guideline applies to outpatient services only.

Please refer to Neighborhood’s provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

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Format change, minor edits
