UniCare Professional Reimbursement Policy

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<th>Subject: Multiple Diagnostic Ophthalmology Procedures</th>
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<td>Policy #: UniCare – 0050</td>
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<td>Revised: 05/04/2018</td>
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Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products and policy criteria listed below.

**Description**

Multiple diagnostic ophthalmology procedures are distinct, separate diagnostic services performed by the same provider on the same patient during the same session. Multiple Procedure Payment Reduction (MPPR) are applied to the allowance for the technical component (TC) of diagnostic ophthalmology procedures (e.g., ocular ultrasound, ocular angiography, ocular photography, etc.) for the same patient rendered on the same date of service by the same provider during the same session and eligible for reimbursement.

This policy applies to all providers billing for diagnostic ophthalmology services on a CMS-1500 form for reimbursement of Current Procedural Terminology (CPT®) codes.

**Policy**

The Health Plan follows The Centers for Medicare & Medicaid Services (CMS) in applying multiple diagnostic ophthalmology reimbursement rules to the technical component of diagnostic ophthalmology procedures that have a Multiple Procedure Indicator (MPI) of 7 in the multiple procedure column of the CMS National Physician Fee Schedule (NPFS).

The technical component of a diagnostic ophthalmology procedure represents the provider’s practice expense. The practice expense includes clinical staff, supplies, and equipment which are typically not duplicated when performing multiple diagnostic procedures. MPPR is applied across code families of diagnostic ophthalmology procedures.

**A. Multiple diagnostic ophthalmology procedures reimbursement rules:**

1. When two or more diagnostic ophthalmology procedures with an MPI of 7 are performed during the same session and reported as the technical component (TC) only, reimbursement is 100% of the allowance for the first procedure with the highest Relative Value Unit (RVU) for the date of service,
and 80% of the allowance for each subsequent diagnostic ophthalmology procedure technical component for that date of service that has an MPI of 7.

2. When two or more diagnostic ophthalmology procedures with an MPI of 7 are reported as global procedures, the Health Plan will determine the primary diagnostic ophthalmology procedure based on the technical component (TC) RVUs for the date of service. Such primary diagnostic ophthalmology procedure will be eligible for 100% of the allowance for that procedure. For all other diagnostic ophthalmology procedures with an MPI of 7 rendered on that same date of service that are reported globally, the Health Plan will identify the TC RVU and professional component (26) RVU separately for each such procedure and calculate eligible reimbursement as follows:

- the technical component RVU will be reduced by 20%
- the professional component RVU will remain at 100%
- these two values are added together to obtain a new RVU value to be used in the calculation
- the new RVU value is then divided by the original total global RVU and multiplied by 100 to determine what percent of the global value is to be applied to such diagnostic procedures
- the original fee schedule global allowance is then multiplied by this new percentage value (which is rounded up) to determine the allowance for such imaging procedure with an MPI of 7

For illustrative purposes, below is an example of this calculation formula for subsequent global diagnostic ophthalmology procedures with an MPI of 7 that would be subject to the technical component reduction:

Procedures 92060 and 92083 are submitted for the same date of service by the same provider, both as global procedures. Both procedures are eligible for the multiple ophthalmology adjustment. The TC RVU is assigned to each line and the lines are sorted and ranked according to these RVUs. Procedure 92083 ranks as #1 and receives 100%. Procedure 92060 ranks second and an 80% adjustment is made to the TC portion of the global procedure, resulting in a pay percent recommendation of 92% for the procedure.

92060
Global RVU=1.85
TC RVU = 0.74
PC RVU = 1.11
Pay Percent = {((TC RVU 0.74 * 80%) + PC RVU 1.11)/Global RVU 1.85 = 92%

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<tr>
<th>Proc</th>
<th>TC RVU</th>
<th>Rank</th>
<th>Pay Percent of Global RVU</th>
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<tbody>
<tr>
<td>92060</td>
<td>0.74</td>
<td>2</td>
<td>92%</td>
</tr>
<tr>
<td>92083</td>
<td>1.01</td>
<td>1</td>
<td>100%</td>
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MPPR will also be applied to the technical component of eligible codes when modifiers 76 or 77 (repeat procedure) are reported. These modifiers do not indicate to the Health Plan that the repeat procedure was performed as a distinct procedural service at a separate session/encounter.

B. **Bilateral diagnostic ophthalmology procedure reimbursement:**
   If a diagnostic ophthalmology procedure with an MPI of 7 is performed bilaterally and bilateral is not included in the code description, report the service on two lines and include the side specific modifiers. Reimbursement will be calculated as outlined in Section A—Multiple diagnostic ophthalmology reimbursement rules.

C. **The multiple diagnostic ophthalmology reimbursement rules are not applicable for the following:**
   - The professional component (supervision and interpretation) of the diagnostic ophthalmology procedure (designated when appropriate by modifier 26)
   - A diagnostic ophthalmology procedure that does not have an MPI of 7
   - A diagnostic ophthalmology procedure performed at a separate session/encounter

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<tr>
<td>06/06/2017</td>
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<td>11/01/2016</td>
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<td>10/06/2015</td>
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**Use of Reimbursement Policy:**
This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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