

Multiple Imaging Procedures for Facilities

Tufts Health Plan covers medically necessary imaging services performed by the same provider on the same member, within the same visit in a Tufts Health Plan contracted facility. When more than one of the imaging services from the list below is performed, the procedure with the highest allowed amount will be compensated at 100% of the Tufts Health Plan compensation rate and the subsequent procedure(s) will be compensated at 50% of the Tufts Health Plan compensation rate. Reduction of compensation is for claims submitted for the technical (performance of the imaging service) or global (performance and interpretation) component of an imaging procedure. In the event that a procedure code listed in the table below is submitted with a procedure code from another category or one that is not subject to reduction logic, each procedure will be priced at 100% of the Tufts Health Plan compensation rate.

Note: Compensation for imaging services is based on a provider's specialty and privileging requirements assigned by Tufts Health Plan. Tufts Health Plan's Imaging Privileging Committee must privilege providers who are not radiologists, in order for the provider to be eligible for compensation. The specialties listed in the last column are the only providers eligible for compensation by Tufts Health Plan for the procedure codes listed.

Procedure	Code Combinations	Provider Specialty
CT and CTA (with or without contrast)	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150, 74160, 74170, 74175, 74176, 74177, 74178, 74261, 74262, 75635	Radiologist
MRI and MRA (without contrast composite)	70336, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75557, 75559, 75561, 75563, C8900, C8901, C8902, C8903, C8904, C8905, C8906, C8907, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936	Radiologist
Diagnostic ultrasound (chest/abdomen/pelvis-nonobstetrical)	76604, 76700, 76705, 76770, 76775, 76776, 76831, 76856, 76857, 76870	Radiologist
US pregnant uterus/pelvic/nonobstetrical	76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817, 76818, 76819, 76830	Radiologist; nonradiologist privileged for OB ultrasound
3D breast imaging (Tomosynthesis)	77063 ¹	Radiologist

¹Effective for dates of service on or after April 1, 2017, a multiple procedure payment reduction will be applied when 77063 is billed in conjunction with mammography codes.

AUDIT AND DISCLAIMER INFORMATION

This document provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

The information contained in this document does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Public Plans or the Private Health Care Systems (PHCS) network (also known as Multiplan). This information applies to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members.