



# Multiple Procedure Payment Reduction

Reimbursement Policy ID: RPC.0033.2100

Recent review date: 06/2023

Next review date: 03/2025

*AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.*

## Policy Overview

This policy addresses provider payment reductions for multiple procedures that are subject to payment reduction when performed in the same episode of care.

## Exceptions

N/A

## Reimbursement Guidelines

### Multiple Procedure Reduction

Multiple Procedure Reduction applies to claims with multiple surgeries/procedures performed during the same surgical session. When more than one (1) surgical procedure is performed on the same day and is submitted for reimbursement, "51 modifier" should be applied to the secondary code(s). Certain procedures are exempt

from using the 51 modifier such as “add-on” codes or “modifier 51 exempt” codes as defined in CPT. See reimbursement policy RPC.0007.2100 Add-On Codes.

The following reductions apply:

- First Procedure is reimbursed at 100% of the allowable
- Second procedure is reimbursed at 50% of the allowable
- Third and subsequent procedures are reimbursed at 50% of the allowable

### **Bilateral Secondary Procedures**

Bilateral secondary procedures should be billed with modifiers 50/51 and when appropriate will be reimbursed 75% of the allowable or 75% of billed charges, whichever is lowest. (See reimbursement policy RPC.0006.2100 Bilateral Procedures).

Reductions are applied to services submitted on same claim form performed by the same physician or physicians in the same group practice, on the same patient, at the same operative session on the same day. Multiple procedures performed by a co-surgeon (modifier 62), or team surgeon (Modifier 66), are subject to multiple procedure concept as defined when performed by the same individual physician or other qualified health care professional on the same date of service. See RPC.0005.2100 Co-Surgeon and RPC.0046.2100 Team Surgery.

## **Definitions**

### **Same Individual Physician or Other Qualified Health Care Professional**

A physician or other health care professional from the same group practice with the exact same specialty and subspecialty reporting under the same Federal Tax Identification Number (TIN).

### **Bilateral Procedures**

Same procedures that are performed on both the left and the right side of a patient’s body during the same operative session or on the same day.

## **Edit Sources**

- I. *Current Procedural Terminology (CPT®)* and associated publications and services.
- II. *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10)*.
- III. *Healthcare Common Procedure Coding System (HCPCS)*.
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI) in Medicaid.
- VI. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>
- VII. [https://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

## **Attachments**

N/A

## **Associated Policies**

RPC.0007.2100 Add-On Codes

RPC.0006.2100 Bilateral Procedures

Multiple Procedure Payment Reduction

RPC.0005.2100 Co-Surgeon

RPC.0046.2100 Team Surgery

## Policy History

08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
06/13/2023	Reimbursement Policy Committee Approval
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section
	Precedes Act 319