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PAYMENT POLICY ID NUMBER: 10-026

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Multiple Surgical Procedure Reduction (Including Multiple Endoscopic Procedure Reduction)

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DESCRIPTION:

This Payment Policy addresses payment rules for the following:

Multiple surgical procedures including multiple endoscopic procedures - separate procedures performed by a physician on the same patient at the same operative session or on the same day. Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. Intraoperative services, incidental surgeries or components of surgeries will not be separately reimbursed. When the relative value units (RVU) are determined for each CPT code, the assumption is the services are performed as a stand-alone procedure. However, when the two services are performed during the same encounter, there are duplicated elements in the reimbursement of the other code. When multiple procedures are performed on the same day, by the same physician or other healthcare professional, reduction in reimbursement for the secondary and subsequent procedures will occur.

Bilateral surgeries - identical surgical procedures performed on both sides of the body, on the same day, by the same physician, during the same or different operative settings. These procedures are also subject to multiple surgery guidelines. See Bilateral Procedure Payment Policy 10-005.

REIMBURSEMENT INFORMATION:

Multiple surgical procedures, multiple endoscopic procedures and bilateral surgical procedures are subject to multiple surgery guidelines (MSG) and may be eligible for coverage when performed by the same physician if the procedures:

- add significant time or complexity to patient care

- deserve a separate allowance for each procedure
- are clearly identified and defined
- are performed during the same operative session

Non-endoscopic codes subject to multiple procedure reduction will be reimbursed at **100%** of the allowance for the most clinically intensive procedure (the “primary” procedure), then at **50%** for each additional procedure allowed on the same day. The procedure RVU (facility or non-facility based on the location of service) determines clinical intensity.

Procedure codes identified as “add-on” and “modifier -51 exempt” codes are not subject to multiple surgical procedure reductions. A listing of these codes can be found in the current CPT code book under Appendix D (add-on) and Appendix E (modifier -51 exempt).

Incidental Procedures will not be reimbursed separately.

Multiple Endoscopic Procedures – Florida Blue uses the 31 endoscopic groups defined by CMS to reimburse for multiple endoscopic procedures performed for the same patient on the same day. Each grouping of related endoscopic procedures shares the same base code. A base code is a procedure whose allowance is included in the allowance for the other related endoscopic procedure codes within that particular grouping. For endoscopic procedures identified within the same grouping, Florida Blue will determine the allowance for the secondary procedures as the difference between the allowance of the secondary procedures and the base code. The primary procedure will be determined by the highest relative value and will be paid at 100% of the allowance.

If an endoscopic procedure is billed with other procedures that are not endoscopies, the standard multiple surgery rules apply. Additionally if endoscopies are performed on the same day as unrelated endoscopies or other surgical procedures Florida Blue will continue to apply the standard multiple surgical procedure reduction rules cited above.

BILLING/CODING INFORMATION:

Surgical procedures are reported using CPT code range 10021-69990. CPT Category III codes and HCPCS codes in the G code range may also be subject to multiple surgery reduction depending on the definition of the code.

Each surgical procedure is reported separately. The most significant procedure should be listed on the claim first, followed by the second or subsequent procedure(s), which can be reported with the - 51 modifier. While modifier – 51 may be reported, the multiple surgery reduction will be applied based on the method described above and is not dependent upon reporting this modifier.

In the case of bilateral procedures, a modifier can be appended to the second CPT procedure code to denote it as a bilateral procedure unless specified as unilateral or bilateral in the description (i.e., -50, RT, LT).

CPT Coding/Modifiers:

50	Bilateral Procedures: Unless otherwise identified in the listings, bilateral procedures are performed at the same operative session should be identified by appending modifier-50 to the appropriate five digit procedure.
51	Multiple Procedures: When multiple procedures are performed, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (e.g. vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: modifier-51 should not be appended to designated "add-on" codes (see Appendix D of CPT).

RELATED PAYMENT POLICIES:

Bilateral Procedure Payment Policy 10-005

REFERENCES:

1. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition, 2012
2. Centers for Medicare and Medicaid Services, Medicare Claims Processing Manual, Chapter 12, Section 40.6, "Claims for Multiple Surgeries"
3. Centers for Medicare and Medicaid Services, "2012 National Physician Fee Schedule (NPFSS) Relative Value File."

COMMITTEE APPROVAL:

This Payment Policy was approved by the BCBSF Payment Policy Committee on 09/08/08 and revised on 07/01/2012

GUIDELINE UPDATE INFORMATION:

11/15/2008	New Payment Policy
10/29/2010	Revision to include multiple endoscopic procedure reduction rules effective 09/01/2010
07/01/2012	Revised to use RVU based on location of service to determine primary procedure for non-endoscopic procedures

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