n05691

Multiple & Endoscopic Procedure Policy

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health's process, for all lines of business, when claims are submitted with multiple and endoscopic procedures.

Policy Detail:

Network Health (NH) follows the multiple and endoscopic procedure rules as determined by the Centers for Medicare and Medicaid Services (CMS). NH may request operative reports when reviewing and considering the claims for reimbursement.

Procedure Detail/Commercial Membership:

I. Outpatient Professional (HCFA-1500) Multiple Procedures

A. Multiple procedures are separate procedures performed by the same physician group and/or other health care professionals of the same group practice on the same patient, at the same operative session, or on the same day. Multiple procedure reductions apply when there are two or more procedure codes subject to reductions. If two procedure codes are billed but only one procedure code is subject to a reduction, no reduction will be applied for either procedure; both procedures are reimbursable at one hundred percent (100%) of the allowed amount. NH will reimburse the outpatient professional surgical procedure with the highest allowed amount at one hundred percent (100%) of the allowed amount, the procedure with the next highest allowed amount at fifty percent (50%) of the allowed amount, and all subsequent surgical procedures will be reimbursed at twenty-five percent (25%) of the allowed amount.

B. If the multiple procedure modifier is not billed or is inaccurately assigned, the claims processing system applies the reduction calculation to the procedure(s).

II. Outpatient Facility (UB04) Multiple Procedures

A. When a facility bills for outpatient surgical services with Revenue Code(s) 360, 361, 369, 481 490, 499, 750, 790 or 799 and multiple surgical procedures are performed during the same operative session, multiple procedure reductions will be applied. NH will reimburse outpatient facilities allowing the surgical procedure with the highest allowed amount at one hundred percent (100%) of the allowed amount, the procedure with the next highest allowed amount at fifty percent (50%) of the allowed amount, and all subsequent surgical procedures will be reimbursed at twenty-five percent (25%) of the allowed amount.

Note: Network Health will not accept claims if the surgery charges have been "rolled up" under one surgical procedure/revenue code. The Facility must submit each of the surgical/revenue codes individually, along with the respective charge per surgical procedure on each of the claim lines.

III. Endoscopic Procedures

A. In alignment with CMS, NH applies multiple endoscopic rules to same family endoscopic procedures when performed by the same physician group and/or other health care professionals of the same group practice on the same patient, at the same operative session, or on the same day.

B. NH will allow the highest valued endoscopic code within the same family as the primary procedure and allow the additional endoscopy code(s) within the same family at a reduced rate.

C. The reduced rate is determined by taking the *difference* between the allowed amount(s) of each subsequent endoscopy code within the same family, and the allowed amount of the base endoscopy code.

D. To further align with CMS, endoscopy codes may be subject to both endoscopic and multiple procedure reductions.

Procedure Detail/Medicare Membership:

I. Network Health reimburses the following multiple surgical procedures in alignment with CMS:

A. Outpatient facility/hospital services
B. Outpatient professional/physician services
   a. Including endoscopic services

CMS National Physician Fee Schedule Relative Value File

Indicates applicable payment adjustment rules for multiple procedures

Multiple Procedure Status Indicator	Definition
0	No payment adjustment rules for multiple procedures apply. If you report the procedure on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.
1	Standard payment adjustment rules in effect before January 1, 1996, for multiple procedures apply. In the 1996 file, this indicator only applied to codes with a procedure status of "D". If a procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50% 25%, 25%, 25% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.

2	Standard payment adjustment rules for multiple procedures apply. If you report the procedure on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 25%, 25%, 25% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage.
3	Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (that is, another endoscopy that has the same base procedure). You name the base procedure for each code with this indicator in the endoscopic base code field. The multiple endoscopy rules apply to a family before ranking the family with other procedures done on the same day (for example, if you report multiple endoscopies in the same family on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If you report an endoscopic procedure with only its base procedure, the base procedure is not reimbursed separately. The payment for the base procedure is inclusive of the payment for the other endoscopy.
9	Concept does not apply.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Related Policies:

Bilateral Procedures
Multiple Imaging Reduction on the Technical Component

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