

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 06.0 Multiple Procedure Reductions	DEPARTMENT: Coding Compliance	
ORIGINAL EFFECTIVE DATE: 10/1990	DATE(S) REVIEWED/REVISED: 9/91-1/16, 02/16, 01/17, 01/18, 02/18, 03/18, 5/18, 06/18, 08/18, 10/18, 01/19, 01/20, 3/20, 06/20. 01/21	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 06.0	PAGE: 1 of 2

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY FOR PROFESSIONAL CHARGES

When non-incident multiple procedures are performed on the same patient at the same operative session, reimbursement is reduced for the second and subsequent procedures. Only those CPT codes listed as “add-on codes” or “modifier -51 exempt” in the CPT book are exempt from the multiple procedure reduction for professional charges.

MULTIPLE SURGEONS:

Company will reimburse procedures performed by multiple surgeons as either co-surgery, team surgery, or as surgeon-assistant. See Coding Policy 16.0 (Co-Surgeons/Team Surgeons) and Coding Policy 03.0 (Assistants for Surgical Procedures) for additional information.

- Except for co-surgery or team surgery, only one surgeon may be considered the primary surgeon for all procedures performed in a single surgical session.
- Components of a procedure, separate procedures, or bilateral procedures may not be billed by more than one single primary surgeon. In these cases, the surgeons may bill as co-surgeons (Coding Policy 16.0), or one surgeon may bill as primary for all procedures and the other surgeon may bill as assistant for all procedures (Coding Policy 03.0). For example:
 - One surgeon may not bill a column 1 procedure code and another bill a column 2 procedure code of a CCI procedure-to-procedure (PTP) edit.
 - Two surgeons may not each bill one side of a bilateral surgery as the primary surgeon.
- Two surgeons of the same specialty may not perform related procedures or bill different CPT codes not billed by the other surgeon and both be reimbursed as primary surgeons. All surgical procedures must be billed by a single surgeon with the second surgeon billing as assistant (Coding Policy 03.0). If it is medically necessary for two surgeons of the same specialty to perform as co-surgeons, and criteria listed on Coding Policy 16.0 are met, the two surgeons may bill as co-surgeons. Payment is subject to medical review.

POLICY FOR FACILITY CHARGES:

Only C-codes with an APC status indicator of “S” are exempt from the multiple procedure reduction for facility charges. All codes with a status indicator of “T” are subject to the multiple procedure reduction for facility charges.

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For codes without APC status indicator because they are not paid by CMS in an outpatient setting, but Company does allow the procedure to be paid in an outpatient setting, the multiple procedure reduction will be applied unless the code is listed as an “add-on code” or “modifier -51 exempt” in the CPT book.

The multiple procedure reduction applies to Ambulatory Procedure Centers (ASC) unless noted otherwise in the contract. For facilities subject to Coding Policy 74.0 (ASC Payment System), only codes with indicator “N” under “Subject To Multiple Procedure Discounting” in the CMS Final ASC Covered Surgical Procedures schedule are exempt from the multiple procedure reduction for ASC charges.

PROCEDURE (PROFESSIONAL CHARGES AND FACILITY CHARGES):

For any codes other than the ones listed as “add-on” codes or “modifier -51 exempt” in the CPT book, or C-codes with an APC status indicator of “S,” or codes with indicator “N” in the CMS Final ASC Covered Surgical Procedures schedule, Company will pay according to the reimbursement scale below. The usual adjustment for multiple surgeries does not apply to add-on services. Refer to CPT code book for the list of add-on codes and services that are exempt from modifier -51.

Reimbursement Scale:

- Primary Procedure ----- 100%
- All Subsequent Procedures ----- 50%

Services which are subject to the multiple procedure reduction should be billed on separate lines rather than billed on a single line with multiple units.

REFERENCE:

CMS/Medicare Rules and Regulations
Current Procedural Terminology (CPT)