

## **Policy 1217**

### **NHP/NHIC ~ Multiple and Endoscopic Procedures**

**Purpose:** This policy is to provide reimbursement guidelines related to multiple, and endoscopic procedure reductions, and the method by which these billed procedures are determined to be primary versus secondary or subsequent.

**Policy and Procedure:** NHP/NHIC follows the multiple procedure rules as determined by the Centers for Medicare and Medicaid Services (CMS). NHP/NHIC uses the CMS Fully Implemented Non-Facility Total RVU from the National Physician Fee Schedule Relative Value File to determine which procedures are subject to the multiple procedure concepts, and thereby are subject to multiple procedure reductions. NHP/NHIC may request operative reports when reviewing and considering the claims.

**Multiple Procedures:** Multiple procedures are separate procedures performed by a single physician or physicians 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 codes are billed but only one is subject to reduction, no reduction will be taken for either procedure; both codes are reimbursable at 100% of the allowable amount. NHP/NHIC will determine the primary and secondary procedures per the CMS-based RVU's. Only one of the surgeries will be considered as the primary procedure, and all the remaining surgeries will be considered secondary. The eligible procedure with the highest RVU will be at 100% of the allowable amount and the remaining eligible procedures will be ranked by the next highest RVU value and so forth and allowed at 50% of the allowable amount. If the -51 modifier is not billed or accurately assigned NHP/NHIC claims processing system automatically appends the modifier and makes the reimbursement reduction calculation to the procedures.

**Outpatient Facility Multiple Surgery:** When a facility bills for outpatient surgical services under bill type 131 or 831 along with revenue code 360, 361, 369, 490 or 499 and multiple surgical procedures are rendered during the same operative session, multiple procedure reductions will be applied. NHP/NHIC will reimburse outpatient facilities allowing the surgical procedure with the highest allowable at 100% and subsequent surgical procedures at 50% of the allowable amount.

**Endoscopic Procedure:** Multiple endoscopic claims will be subject to the same rules and reductions that apply to multiple procedures. Multiple procedure reductions apply when there are two or more surgical procedure codes subject to reductions. If two codes are billed but only one is subject to reduction, no reduction will be taken for either procedure; both codes are reimbursable at 100% of the allowable amount. NHP/NHIC will determine the primary and secondary procedures per the CMS-based RVU's. Only one of the procedures will be considered as the primary procedure, and all the remaining procedures will be considered secondary. The eligible procedure with the highest RVU will be at 100% of the allowable amount and the remaining eligible procedures will be ranked by the next highest RVU value and so forth and allowed at 50% of the allowable amount. If the -51 modifier is not billed or accurately assigned NHP/NHIC claims processing system automatically appends the modifier and makes the reimbursement reduction calculation to the procedures.

Many services subject to the multiple procedure concept can be rendered by different methods and a combination of various procedures, selected modifiers may be necessary to accurately reflect the services performed. Selected bilateral (modifier 50) eligible services are also subject to multiple procedure reduction when billed with other reducible codes and multiple procedures performed by an assistant surgeon (modifier 80, 81, 82, AS), co-surgeons (modifier 62) or team surgeon (modifier 66) are subject to multiple procedure reductions.

CMS National Physician Fee Schedule Relative Value File

Indicates applicable payment adjustment rule for multiple procedures:

**0** - No payment adjustment rules for multiple procedures apply. If procedure is reported 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** - 1=Standard payment adjustment rules in effect before January 1, 1995 for multiple procedures apply. In the 1995 file, this indicator only applies to codes with a status code of "D". If procedure is reported on the same day as another procedure that has 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 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%, 50%, 50%, 50% 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** – Standard payment adjustment rules for multiple endoscopic procedures. NHP/NHIC will process multiple endoscopic procedures following the same rules and reductions that apply to multiple procedures.

**9** – Concept does not apply

---

**This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC. NHP/NHIC reserves the right to periodically review and update all claims policies and procedures.**

Copyright © 2009 Affinity Health System. All Rights Reserved  
HMO plans are underwritten by Network Health Plan, POS plans are underwritten by Network Health Insurance Corporation and Network Health Plan