

n05745

Multiple Therapy Reduction Policy - Commercial

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health’s process when outpatient professional claims are submitted with multiple therapy procedures (occupational, physical and/or speech). This policy is specific to Network Health’s Commercial product, and does not apply to per visit, per diem, or case rate negotiated reimbursements.

Policy Detail:

Network Health (NH) follows the Centers for Medicare & Medicaid Services (CMS) National Physician Fee Schedule Relative Value File, when determining which procedures qualify for multiple therapy reductions.

I. Status Indicators:

- A. The therapy procedure(s) must have a status indicator of “7” in the PCTC Ind column (Professional Component/Technical Component), as well as a “5” in the Mult Proc column (Multiple Procedure), to qualify for multiple procedure rules.
- B. These codes are considered “always therapy” codes.

II. Multiple therapy 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 session, on the same day.

III. Reimbursement:

- A. NH will reimburse outpatient professional therapy procedures with the highest allowed amount at one hundred percent (100%) of the allowed amount, and all subsequent procedures will be reimbursed at ninety percent (90%) of the allowed amount when services are performed by the same physician group and/or other health care professionals of the same group practice on the same patient on the same day.
- B. If a single line is submitted with multiple units, NH will reimburse one (1) unit at one hundred percent (100%) of the allowed amount, and all subsequent unit(s) will be reimbursed at ninety percent (90%) of the allowed amount.
- C. If two or more procedure codes are billed but only one procedure code is subject to a reduction, no reduction will be applied for either code(s); all procedures will be reimbursed at one hundred percent (100%) of the allowed amount.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Related Policies:

[n05659 Claim Submission Policy](#)

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