



PROVIDER REIMBURSEMENT GUIDANCE

Multiple Procedure Payment Reduction for Medical and Surgical Services

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date		
02/10/2022	04/01/2022	04/01/2022	02/01/2022		
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* </td> </tr> </table>				<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*
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Payment Policy Summary

This policy describes CCA’s coverage of Multiple Procedure Payment Reduction for Medical and Surgical Services. CMS outlines multiple surgeries as separate procedures performed by a single physician or physicians in the same group practice on the same patient and in the same operative session or on the same day for which separate payment may be allowed.

Surgeries applicable to the multiple surgery rules have an indicator of “2” in the Physician Fee Schedule look up tool. The National Physician Fee Schedule (NPFs) Relative Value Unit (RVU) will be used to assess the multiple procedure payment reduction and not the amount originally submitted by the provider(s).

CCA will require a review of Medical Records for more than five (5) procedures performed at once.

Reimbursement Guidelines:

Multiple Procedure Reductions Apply in the Following Scenarios:

There are specific scenarios in which multiple procedure reductions can be applied. If two codes are billed but only one is subject to reduction, both codes will be reimbursed at 100% of the allowable amount, but no reduction will be taken for either procedure.

Multiple Procedure Ranking:

CCA follows the CMS Facility Total RVUs to establish the primary, secondary and subsequent procedures for services delivered in a facility setting. CMS Non-Facility RVUs will be used to rank procedures delivered in a location other than the facility place of service.

Multiple Procedure Reduction Codes with Assigned RVUs Reported with Modifiers 26, 53, TC:

CMS has created separate RVU values for codes submitted with modifiers 26, 53, and TC and subject to multiple procedure reductions. When combined with other services subject to the multiple procedure concept, CMS RVUs tied to modifiers 26, 53, or TC are used to determine which services should be reduced based on CMS’ multiple procedure concept.

Post-Operative Guidelines

If there are complications following the initial operative session requiring the patient to return to the operating room, the complications rules apply to each subsequent procedure required to address the complications and the multiple surgeries rule would not apply. Any subsequent procedures related to the initial procedure that requires the use of an operating or procedure room should be reported using a modifier 78. Per CMS guidelines, procedures reported with a modifier 78 are not subject to the multiple procedure concept.

Bilateral Procedures

Certain bilateral eligible services may be subject to multiple procedure reductions if billed alone or with additional procedure reduction codes.

Multiple Procedures for Assistant Surgeon Services Reported with Modifiers 80, 81, 82, AS

Services reported by multiple assistant surgeons using modifiers 80, 81, 82, or AS, these services will be processed collectively as if reported by a single individual Physician or Other Health Care Professional. Lastly, assistant surgeon services will be processed separately from the procedure(s) reported by the primary surgeon.

Multiple Procedures for Co-Surgeon/Team Surgeon Services Reported with Modifiers 62, 66

The multiple procedure concept applies to multiple procedures performed by a co-surgeon or team surgeon when the services are performed by the same Physician or Other Health Care Professional on the same date of the original procedure. Multiple procedures involving co-surgeon and team surgeon services will be processed separately from other co-surgeon or team surgeon services.

Endoscopic Procedures

If associated endoscopic procedures are performed by the same Individual Physician or Other Qualified Health Care Professional on the same day, the procedures will be adjusted to reduce the Allowed Amount based on the ranking of the endoscopy codes under the Endoscopic Adjustment Rule and Endoscopic Base Code.

If multiple associated endoscopic procedures are performed on the same day as additional procedures that are eligible for multiple procedure reduction, the procedures may be considered for endoscopic and multiple procedure reductions.

Audit and Disclaimer Information

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

References

[CCA Website](#)

[CMS Website](#)

CMS Claims Processing Manual

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

Policy Timeline Details

1. Drafted: November 2021
2. Approved:
3. Implemented: