

Multiple Procedure Payment Reduction

Reimbursement Policy ID: RPC.0033.2100

Recent review date: 07/2024

Next review date: 03/2026

AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses the provider payment reductions for multiple procedures that are subject to payment reduction that are performed in the same episode of care.

Exceptions

N/A

Reimbursement Guidelines

Multiple Procedure Reduction

Multiple Procedure Reduction applies to claims with multiple surgeries/procedures performed during the same surgical session. When more than one surgical procedure is submitted for reimbursement on the same date of service, the 51 modifier should be applied to the secondary code(s). Certain procedures are exempt from using the 51 modifier such as “add-on” codes or “modifier 51 exempt” codes as defined in CPT. See reimbursement policy RPC.0007.2100 Add-On Codes

The following reductions apply:

- First Procedure is reimbursed at 100% of the allowable
- Second procedure is reimbursed at 50% of the allowable
- Third and subsequent procedures are reimbursed at 50% of the allowable

Bilateral Secondary Procedures

Bilateral secondary procedures should be billed with modifiers 50/51 and when appropriate will be reimbursed 75% of the allowable or 75% of billed charges, whichever is lowest. (See reimbursement policy RPC.0006.2100 Bilateral Procedures).

Reductions are applied to services submitted on same claim form performed by the same physician or physicians in the same group practice on the same patient at the same operative session on the same day. Multiple procedures performed by a co-surgeon (modifier 62) or team surgeon (Modifier 66) are subject to multiple procedure concept as defined when performed by the same individual physician or other qualified health care professional on the same date of service. See RPC.0005.2100 Co-Surgeon and RPC.0046.2100 Team Surgery.

Definitions

Same Individual Physician or Other Qualified Health Care Professional

A physician or other health care professional from the same group practice with the exact same specialty and subspecialty reporting under the same Federal Tax Identification number (TIN).

Bilateral Procedures

Same procedures that are performed on both the left and the right side of a patient's body during the same operative session or on the same day.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).
- IV. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>
- V. https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

Attachments

N/A

Associated Policies

RPC.0007.2100 Add-On Codes
RPC.0006.2100 Bilateral Procedures
RPC.0005.2100 Co-Surgeon

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Policy History

06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added
	Precedes Act 319