MULTIPLE SURGERIES

Policy # 13

Implementation Date:	1/1/00
Revision Dates:	6/30/05, 8/27/14, 7/19/22, 9/1/22

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Multiple surgeries are procedures performed by a single physician on the same patient at the same operative session or on the same day for which separate payment may be allowed. Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. These intraoperative services, incidental surgeries, or components of more major surgeries are not separately reportable.

Commercial Plan Policy

For Physicians:

For multiple surgeries performed in the same operative session or on the same day, base payment for each ranked procedure is based on the lower of the billed charges, or:

- 100 percent of the fee schedule amount for the highest valued procedure, and
- 50 percent of the fee schedule amount for each additional lesser-valued procedure.

Add-on codes and 51 modifier exempt codes will not be reduced. They are allowed at 100% of the fee schedule or at the billed amount, whichever is less.

Special rules may apply for multiple endoscopic procedures. The full value of the highest valued endoscopy will be paid, plus the difference between the next highest and the base endoscopy.

For Facilities:

For multiple surgeries codes defined as Status Indicator of T which are performed in the same operative session or on the same day, SelectHealth follows CMS Hospital Outpatient Prospective Payment System (OPPS) guidelines.

Status Indicator T means that the HCPCS is allowable. When multiple codes are assigned Status Indicator T and billed on a single claim, the reimbursement is the full amount for the procedure with the highest allowed amount; any remaining billed HCPCS assigned the Status Indicator T are reimbursed 50% of the allowed amount.

This applies to those facilities which have contract language to include multiple surgery reductions.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

SelectHealth Community Care (Medicaid)

The Multiple Procedure Payment Reduction will be applied when two or more procedure codes on the Multiple Procedure Reduction Code list are billed, using the pricing method outlined below:

- 100% of the allowable amount for the primary/major procedure
- 50% of the allowable amount for the secondary procedure
- 25% of the allowable amount for all subsequent procedures

Applicable Codes

Codes	Descriptions
Too Numerous to List	

Sources

1. Centers for Medicare & Medicaid Services (CMS). (Revised 2014, March 25). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved August 27, 2014, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf
2. Centers for Medicare & Medicaid Services (CMS). Medicare Fee for Service Hospital Outpatient Prospective Payment System. Addendum D1. Retrieved July 14, 2022 from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/downloads/CMS-1404-P_AddD1.pdf
3. *Current Procedural Terminology (CPT®),* (2014) – American Medical Association.
4. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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