MEMORIAL HERMANN Health Plan

MEMORIAL HERMANN *ADVANTAGE* HMO

Reimbursement Policy
Multiple and Bilateral Surgery Reductions: Professional and Facility Reimbursement
Committee Approval Date: **02/03/2022**
These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by the member's plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record. Unless otherwise noted within the policy, our policies apply to both participating and non-participating providers and facilities. If appropriate coding/billing guidelines or current reimbursement policies are not followed, MHHP may reject/deny claim, recover/recoup payment or adjust the reimbursement to reflect the appropriate services and/or procedures performed. These policies may be superseded by mandates in provider contracts, or state, federal or CMS requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, MHHP strives to minimize these variations.
References: https://www.cms.gov/files/document/medicare-claims-processing-manual-chapter-12

Policy Statement

Reimbursement is based on the multiple and bilateral procedure rules in accordance with federal and local guidelines for applicable surgical procedures performed at the same session by the same provider. Contractual agreements do apply to final claims processing.

The CMS National Physician Fee Schedule (NPFS) Relative Value File (RVU) identifies procedures that are subject to the multiple procedure reductions.
The codes with the following CMS multiple procedure indicators are addressed within this reimbursement policy:

- Multiple Procedure Indicator 2 or 3- 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.

Multiple Procedure Payment Reduction

Multiple procedures are identified in the Medicare Physician Fee Schedule Database (MPFSDB) with multiple surgery indicator '2' and endoscopies with indicator '3' will have standard reductions. Multiple procedure payment reductions will be applied as described in Chapter 12 of the Medicare Claims Processing Manual.

Multiple surgeries are separate procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed. Co-surgeons, surgical teams, or assistants-at-surgery may participate in performing multiple surgeries on the same patient on the same day.
Multiple surgeries are distinguished from procedures that are components of or incidental to a primary procedure. These intra-operative services, incidental surgeries, or components of more major surgeries are not separately billable. Major surgical procedures are determined based on the MFSDB approved amount and not on the submitted amount from the providers. The major surgery, as based on the MFSDB, may or may not be the one with the larger submitted amount.
Standard payment rules are not appropriate for certain procedures. The MFSDB indicates whether the standard payment policy rules apply to a multiple surgery, or whether special payment rules apply. Site of service payment adjustments (codes with an indicator of "1" in the MFSDB) should be applied before multiple surgery payment adjustments.

Bilateral Payment Reduction

Medicare payment rules require that a payment reduction be performed whenever the same procedure is performed bilaterally by the same physician during the same operative session or same date of service, on the same patient. Refer to the Bilateral Service Indicator in the Medicare Physician Fee Schedule Database (MPFSDB) for services eligible for bilateral payment.

Multiple Procedure Guidelines:

Multiple Procedure Ranking

Memorial Hermann Health Plan uses the CMS Facility Total RVUs to determine the ranking of primary, secondary and subsequent procedures when those services are performed in a facility setting (Place of Service [POS] 19, 21, 22, 23, 24, 26, 31, 34, 41, 42, 51, 52, 53, 56 and 61). Procedures performed in a place of service other than the facility POS setting will be ranked by the CMS Non-Facility RVUs.

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

For certain codes that are subject to multiple procedure reductions CMS has assigned separate RVU values when reported with modifiers 26, 53, and TC. When these modified services are billed with other services subject to the multiple procedure concept, the CMS RVUs associated with the reported

modifier 26, 53, or TC are used in determining which services should be reduced according to the multiple procedure concept.

Note: Multiple procedure reduction codes may be reported with modifier 53 that have not been assigned a separate RVU for modifier 53 by CMS. In these situations the global RVU is used for multiple procedure ranking.
Refer to the Multiple Procedure Reduction Codes list for all codes subject to multiple procedure reductions that have a separate RVU value associated with the 26, 53, or TC modifier.

Multiple Procedure Reduction Codes with No Assigned CMS RVU

Services that CMS indicates may be carrier-priced, or those for which CMS does not develop RVUs are considered Gap Fill Codes and are addressed as follow:

- **Gap Fill Codes:** When data is available for Gap Fill Codes, Memorial Hermann Health Plan uses the relative values published in the first quarter update of the Optum *The Essential RBRVS* publication for the current calendar year.

- **RVU Codes:** Some codes cannot be assigned a gap value or remain without an RVU due to the nature of the service (example: unlisted codes). These codes are assigned an RVU value of 0.00 on the Multiple Procedure Reduction Codes list and will be ranked as secondary or subsequent procedures when reported with other procedures that are subject to the multiple procedure concept described above.

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

When services are reported by more than one assistant surgeon using modifiers 80, 81, 82 or AS those services will be ranked collectively if reported by the Same Group Physician and/or Other Qualified Health Care Professional. Assistant surgeon services will be ranked separately from the services reported by the primary surgeon.

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

Multiple procedures performed by a co-surgeon (modifier 62) or team surgeon (modifier 66) are subject to the multiple procedure concept as defined above when performed by the Same Individual Physician or Other Qualified Health Care Professional on the same date of service. Co-surgeon and team surgeon services are ranked separately and independently of any other co-surgeon or team surgeon services.

Multiple Procedures for Bilateral Surgeries Reported with Modifier 50, LT, RT

Selected bilateral eligible services may also be subject to multiple procedure reductions when billed alone or with other multiple procedure reduction codes.

Summary

MMHP will align with CMS in determining procedures that are subject to multiple procedure reductions. Procedure codes listed on the National Medicare Physician Fee Schedule Database (MPFSD) with a multiple procedure indicator of '2' or '3' are subject to fee reductions.

MHHP shall consider the procedure code with the highest RVU to be the primary procedure, regardless of the order in which they appear on the claim or the highest billed charges.

Memorial Hermann *Advantage* HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855.645.8448 (TTY 711).