

	Multiple Surgery Reduction	
	Policy Number: POL-PP-125	Original Creation Date 3/1/2020
	Version Number: 008	Version Effective Date 3/1/2020
	Policy Status: Active	Next Review Date 3/1/2027

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

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 is allowed.

Multiple procedure reduction may also apply to facility charges for operating room services.

Policy

Multiple procedure reduction may also apply to facility charges for operating room services.

When providers report more than a single (non-evaluation and management) procedure during a single encounter, the highest-valued procedure is reimbursed at full fee schedule value, with payment for the second and subsequent procedures reimbursed at a reduced rate.

This occurs because many of the component services that comprise the physician's work (such as surgical approach and closure) are reimbursed one time, per session.

Chapter 1 of the National Correct Coding Initiative (NCCI) Policy Manual explains:

Most medical and surgical procedures include pre-procedure, intra-procedure, and post-procedure work. When multiple procedures are performed at the same patient encounter, there is often overlap of the pre-procedure and post-procedure work. Payment methodologies for surgical procedures account for the overlap of the pre-procedure and post-procedure work.

There may be instances in which two or more physicians each perform distinctly different, unrelated surgeries on the same patient on the same day (e.g., in some multiple trauma cases). When this occurs, the payment adjustment rules for multiple surgeries may not be appropriate.

For information on multiple surgery reduction and bilateral procedures, please see Blue KC Payment Policy POL-PP-240 Bilateral Procedures

Coding

N/A

References and Resources

Blue KC Provide Reference Guide
 American Medical Association
 Centers for Medicare and Medicaid Services

Related Documents

POL-PP-240 Bilateral Procedures Payment Policy

Revision History

Version	Date	Summary of Revisions
001	3/1/2020	Initial Version
002	6/1/2021	Annual Review Added - Professional claims with applicable surgical procedures should use Modifier 50 to denote a bilateral procedure.

		Modifier's LT and RT are to be used on facility claims and would not be appropriate for professional claims.
003	3/1/2022	Annual review, there were no changes or updates made to the policy.
004	3/1/2023	Update, Information on bilateral procedures for professional, facility, and ASCs were added.
005	9/18/2023	Update, Information on bilateral services removed and link to Bilateral Policy referenced.
006	3/1/2024	Annual review, there were no changes or updates made to the policy.
007	3/1/2025	Annual review, there were no changes or updates made to the policy.
008	3/1/2026	Annual review, there were no changes or updates made to the policy.