

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Multiple Endoscopy Procedures
POLICY NUMBER	NR-04.001

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[DESCRIPTION/BACKGROUND
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[DEFINITIONS
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I. DESCRIPTION/BACKGROUND

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This policy addresses the reimbursement methodology for multiple endoscopic procedures rendered to the same patient, by the same provider, on the same date of service and during the same session.

II. DEFINITIONS

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Multiple Endoscopy Procedures - Endoscopic procedures rendered to the same patient, by the same provider, on the same date of service and during the same session.

III. POLICY

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Capital BlueCross utilizes the most current National Physician Fee Schedule Relative Value (RVU) File published by the Centers for Medicare and Medicaid services for determining the procedure codes subject to CMS special reimbursement rules for multiple endoscopic procedures performed for the same patient, by the same provider and on the same date of service. The procedures subject to the multiple endoscopy reimbursement rules are identified by a ‘3’ in the Multiple Procedure (Mult Proc) column of the RVU File.

Procedures identified as multiple endoscopy procedures on the RVU File have been separated into endoscopic groups. Each grouping of related endoscopic procedures share the same “base code”, which is listed in the Endobase column of the RVU File. A “base code” is a procedure whose allowance is included in the allowance for the other related endoscopic procedure codes within that grouping.

Procedures subject to the reimbursement rules for multiple endoscopic procedures will be eligible for reimbursement consideration as follows:

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NOTE: When endoscopic procedures from different groups are reported, rank each group separately before ranking that group with other procedures performed on the same date of service.

Endoscopic procedure reported with only its base code

Allow payment for the endoscopic procedure only. Do not allow payment for the endoscopic procedure’s base code, as the allowance for the base code is included in the allowance for the other endoscopic procedure.

Single endoscopy procedure reported with single or multiple surgery procedures*

Payment for the highest valued surgical procedure is made at 100% of the Plan allowance. The second through fifth highest valued surgical procedures are reimbursed at 50% of the Plan allowance. When more than five surgical procedures are performed, the sixth and each additional procedure will receive individual consideration.

*Multiple surgery procedures are identified by a ‘2’ in the Multiple Procedure Column of the RVU File.

Single endoscopy from one group reported with single endoscopy from a different group

Payment for the highest valued surgical procedure is made at 100% of the Plan allowance. The second through fifth highest valued surgical procedures are reimbursed at 50% of the Plan allowance. When more than five surgical procedures are performed, the sixth and each additional procedure will receive individual consideration.

Multiple endoscopies in the same group

Payment for the highest valued procedure is made at 100% of the Plan allowance. Payment for the other procedures (in the same group) is equal to the difference between the allowance for the endoscopic procedure and the allowance for the endoscopic group’s base code.

Multiple endoscopies in different groups

First, for the first group - Payment for the highest valued procedure is made at 100% of the Plan allowance. Payment for the other procedures (in the same group) is equal to the difference between the allowance for the endoscopic procedure and the allowance for the group’s base code.

Then, for the additional groups - Payment for the highest valued procedure is made at 100% of the Plan allowance. Payment for the other procedures (in the same group) is

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equal to the difference between the allowance for the endoscopic procedure and the allowance for the group’s base code.

Finally, compare the total allowance for each group. Pay the highest allowing group at 100% of the Plan’s allowance and pay the remaining groups at 50% of the Plan allowance.

Multiple endoscopies in one group reported with one endoscopy from a different group

First, for the group with multiple endoscopies - Payment for the highest valued procedure is made at 100% of the Plan allowance. Payment for the other procedures (in the same group) is equal to the difference between the allowance for the endoscopic procedure and the allowance for the group’s base code.

Then, for the endoscopy in a different group – Payment for the endoscopy in a different group is made at 50% of the Plan allowance.

Multiple endoscopies in one group, including that group’s base code reported with multiple endoscopies in a different group(s)

First, for the group that includes the base code – Payment for the highest valued procedure is made at 100% of the Plan allowance. No payment is allowed for the base code, as the allowance for the base code is included in the allowance for the other endoscopic procedure in that group. Payment for the other procedures (in the same group) is equal to the difference between the allowance for the endoscopic procedure and the allowance for the group’s base code.

Then, for the endoscopies in the other group(s) – Payment for the highest valued procedure is made at 50% of the Plan allowance. Payment for the other procedures is equal to the difference between the allowance for the endoscopic procedure and the allowance for the group’s base code at 50% of the Plan allowance.

Please refer to the following Professional Network Reimbursement Policies for additional information:

- NR-10.006 *Multiple Surgical Procedures*
- NR-01.001 *Multiple Dermatology Procedures*
- NR-30.001 *General Coding Guidelines*
- NR-30.019 *Correct Coding and Reimbursement Methodology*
- NR-30.020 *Payment Policy Indicators*

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In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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N/A

V. VARIATIONS

[TOP](#)

This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

VI. REFERENCES

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*CPT 2020 Professional Edition
American Medical Association*

*HCPCS Level II Expert
Optum™ 2020*

*EncoderPro for Payers
Optum™ 2020*

Current and historical versions of the RVU File can be located by accessing the CMS website.

Chapter 12 of the Medicare Claims Processing Manual can be viewed by accessing the Centers for Medicare & Medicaid Services website.