

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Multiple Surgical Procedures</b>
<b>POLICY NUMBER</b>	<b>NR-10.006</b>

*Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*

Original Issue Date (Created):	<b>5/1/2007</b>
Most Recent Review Date (Revised):	<b>8/30/2021</b>
Effective Date:	<b>9/1/2021</b>

[DESCRIPTION/BACKGROUND  
EXCLUSIONS](#)

[DEFINITIONS  
VARIATIONS](#) - No

[POLICY  
REFERENCES](#)

**I. DESCRIPTION/BACKGROUND**

[TOP](#)

This policy addresses the reimbursement methodology for Multiple Surgical Procedures (MSR) rendered to the same patient, by the same provider, the same date of service and during the same session.

**II. DEFINITIONS**

[TOP](#)

American Medical Association (AMA) – An organization whose missions is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patient and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research and education.

Centers for Medicare and Medicaid Services (CMS) – Centers for Medicare and Medicaid Services; The current name of the government agency, which administers Medicare, formerly the Health Care Financing Administration (HCFA).

Current Procedural Terminology (CPT) – A set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of procedures and services.

Modifier – A two-digit numeric, alphanumeric or alphabetic code appended to a CPT or HCPCS code, which indicates that a service or procedure has been altered by some specific circumstances but not changed in its definition or code. This information is important because it provides payors with additional information to process a claim. There are three

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Multiple Surgical Procedures</b>
<b>POLICY NUMBER</b>	<b>NR-10.006</b>

levels of modifiers: Level I (CPT) modifiers are developed by the American Medical Association; Level II (HCPCS) modifiers are developed by the Centers for Medicare and Medicaid Services; Level III modifiers are unique to each Medicare Part B carrier and begin with an alpha prefix of S, W, X, Y or Z.

Multiple Surgical Procedures– Surgical procedures rendered to the same patient, by the same provider, on the same date of service and during the same session.

**III. POLICY**

[TOP](#)

Capital Blue Cross utilizes the most current National Physician Fee Schedule Relative Value (RVU) File published by the Centers for Medicare and Medicaid Services to identify the procedure codes subject to the multiple surgical reduction (MSR). MSR applies to surgical procedures rendered to the same patient, by the same provider and on the same date of service. The procedures subject to MSR are identified by a ‘2’ in the Multiple Procedure (‘Mult Proc’) column of the RVU File.

The MSR is determined using the fee schedule dollar value, in place at the time the service is rendered, for each surgical procedure reported. Payment for the highest valued surgical procedure is made at 100% of the Plan allowance.

The second through fifth highest dollar 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.

When providers of different specialties perform different procedures on the same patient, the individual providers must report only the procedures or services he or she personally performed during the same surgical procedure. If one or both of the providers perform multiple procedures during the surgical session, then the MSR rules will be applied to the services reported by each provider, independent of the service(s) reported by both providers.

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

- NR-10.001 *Add-on Procedure Codes*
- NR-01.001 *Multiple Dermatology Procedures*
- NR-04.001 *Multiple Endoscopy Procedures*
- NR-30.019 *Correct Coding and Reimbursement Methodology*
- NR-30.020 *Payment Policy Indicators*

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Multiple Surgical Procedures</b>
<b>POLICY NUMBER</b>	<b>NR-10.006</b>

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**

[TOP](#)

CPT codes identified in Appendix E of the AMA CPT Manual as exempt from Modifier 51 (multiple procedures) are not subject to the multiple surgery reduction methodology.

**V. VARIATIONS**

[TOP](#)

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

**VI. REFERENCES**

[TOP](#)

*CPT 2021 Professional Edition  
American Medical Association*

*EncoderPro for Payers  
Optum™ 2021*

*HCPCS Level II Expert  
Optum™ 2021*

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