Multiple Procedure Reduction
Policy

<table>
<thead>
<tr>
<th>Policy Name</th>
<th>Multiple Procedure Reduction</th>
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<tbody>
<tr>
<td>Summary</td>
<td>Multiple procedures performed by the same physician or other qualified health care professional on the same date of service during the same patient encounter may be subject to multiple procedure reduction for secondary and subsequent procedures.</td>
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<tr>
<td>Policy Statement</td>
<td>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. Full reimbursement for secondary and subsequent procedures may represent duplicative payment for overlapping components of pre-procedure and post-procedure work, and therefore may be eligible for multiple procedure reduction.</td>
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Medica utilizes the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFS) Relative Value File to determine which procedures are eligible for multiple procedure reduction, and how to rank the procedures. Medica considers procedure codes with the following CMS multiple procedure indicators eligible for reduction within this reimbursement policy:

<table>
<thead>
<tr>
<th>CMS NPFS Multiple Procedure Indicators</th>
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<tbody>
<tr>
<td>2 - Standard payment adjustment rules for multiple procedures apply. Apply the appropriate reduction to this code (100%, 50%, 50%, 50%).</td>
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<tr>
<td>3 - Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure).</td>
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Services that CMS indicates in the NPFS Relative Value File may be carrier-priced, or those for which CMS does not develop relative value units (RVUs), are assigned gap fill RVUs.

**Modifier 78**
Per Current Procedural Terminology (CPT®), it may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it should be reported by adding modifier 78 to the related procedure. In accordance with CMS guidelines, procedures reported with a modifier 78 that have a 10 or 90 day global period are not subject to the multiple procedure guidelines. Refer to the Global Days Policy for details regarding modifier 78 reductions.
Miscellaneous Services
Multiple procedure reduction applies and additional reimbursement will not be allowed for the following:

- Moving a patient from one surgical suite to another surgical suite to perform an additional procedure
- Repositioning a patient
- Re-draping a patient
- Separate incisions or operative sites

These services are considered included in the procedure being performed and are not separately reimbursable.

CMS Special Endoscopic Reduction Procedure
For codes with a multiple procedure indicator of 3 in the NPFS, CMS applies special adjustment rules when multiple endoscopic procedures from the same family (same Endoscopic Base Code) are reported on the same day. CMS allows the full allowable amount for the highest valued endoscopy code in the family and allows any additional endoscopy codes in the same family at a reduced amount based on the value of the NPFS designated Endoscopic Base Code.

To further align with CMS, effective with dates of service 3/1/2016, Medica will apply CMS multiple Endoscopic Adjustment Rules when related endoscopic procedures (within the same family) are performed on the same day. If billed on the same day as other procedures that are subject to multiple procedure reduction, endoscopy codes may be subject to both the endoscopic and multiple procedure reductions.

Modifier 51 – Multiple procedures. This modifier is for informational use only and does not impact processing of codes eligible for multiple procedure reduction.

Modifier 78 – Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period. It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this subsequent procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding the modifier 78 to the related procedure.

Gap Fill Codes – Procedure codes for which CMS does not develop RVUs. These services are assigned gap fill RVUs from data published by CMS carriers. If CMS carrier-priced RVUs are not available, RVUs are assigned to the code.

Same Physician – The same individual rendering health care services reporting the same Federal Tax Identification number.
## Definitions

### Code Lists
- **Multiple Procedure Reduction Eligible Code List**
- **Multiple Procedure Reduction Gap Fill Code List**
- **Multiple Procedure Reduction Endoscopy Codes with Endobase Code List**

## Resources
- Centers for Medicare and Medicaid Services (CMS)
- Healthcare Common Procedure Coding System (HCPCS)
- National Physician Fee Schedule (NPFS)

## Effective Date
04/01/1999

## Revision Updates
- 07/01/2019  Code list update
- 01/01/2019  Code list update
- 01/01/2018  Code list update
- 07/01/2017  Code list update
- 05/11/2017  Annual policy review
- 07/01/2016  Code list update
- 05/21/2016  Added Special Endoscopic Reduction section to Policy Statement
- 01/01/2016  Annual code update