

Multiple Procedure Payment Reduction

Reimbursement Policy ID: RPC.0033.7700

Recent review date: 03/2023

Next review date: 03/2024

AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.

Policy Overview

This policy addresses the provider payment reductions when multiple procedures that are specifically subject to the payment reduction are performed in the same episode of care. This includes surgeries, diagnostic radiology and therapies performed on the same date.

Exceptions

N/A

Reimbursement Guidelines

Multiple Surgery Procedures

Reimburses the lesser of two amounts: the provider's submitted charge or the following multiple procedure payment reduction.

- A primary procedure (i.e., the procedure with the highest maximum amount listed in rule 5160-1-60 of the Ohio Administrative Code in appendix DD to that rule) is paid at one hundred percent (100%).
- A secondary procedure (i.e., the procedure with the next highest maximum amount listed in the Ohio Administrative Code) is paid at fifty percent (50%).
- Any additional procedures are paid at twenty-five percent (25%).
- A bilateral procedure is paid at one hundred and fifty percent (125%).

Multiple Diagnostic Radiology Procedures

If more than one advanced imaging procedure (e.g., computed tomography, magnetic resonance imaging, ultrasound) is performed by the same provider or provider group for an individual patient in the same session, then the procedure with the highest payment amount specified in appendix DD of rule 5160-1-60 of the Ohio Administrative Code is considered to be the primary procedure. The payment amount for a covered advanced imaging procedure is the lesser of the submitted charge or a percentage of the amount specified in appendix DD, determined as stated below:

- A primary procedure, is paid at one hundred percent (100%).
- Each additional total procedure, is paid at fifty percent (50%).
- The technical component alone of each additional procedure, it is paid at fifty percent (50%).
- The professional component alone of each additional procedure, it is paid at ninety-five percent (95%).

Multiple Therapy Procedures

If more than one skilled therapy service of the same discipline is rendered by the same non-institutional provider or provider group to a member on the same date, then the service with the highest payment amount specified in appendix DD to rule 5160-1-60 of the Ohio Administrative Code is considered the primary procedure. Payment for a covered skilled therapy service is the lesser of the provider's submitted charge or a percentage of the amount specified in appendix DD to be determined in the following manner:

- For the first unit of a primary procedure, it is paid at one hundred percent; or
- For each additional unit or procedure within the same therapy discipline, it is paid at eighty percent.

NOTE: Services reported on claims must correspond to the services documented in the treatment or maintenance plan.

Definitions

Advanced Diagnostic Imaging (ADI)

Advanced diagnostic procedures include, but are not limited to, magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging procedures, such as positron emission tomography (PET). ADI procedures do not include x-ray, ultrasound, fluoroscopy procedures, or diagnostic and screening mammography.

Episode of Care

An episode of care includes all the care related to a defined medical event (e.g., a procedure or an acute condition), including the care for the event itself, any precursors to the event (such as diagnostic tests or pre-op visits) and follow-up care (such as medications, rehab, or readmission). Episodes, which are built from the perspective of a patient journey, offer a comprehensive view of the care involved in treating a condition for a patient.

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Statistical Classification of Diseases and (ICD), and associated publications and services.*
- II. Centers for Medicare and Medicaid Services (CMS).
- III. Applicable Ohio Medicaid Fee Schedule(s).
- IV. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-60>

Attachments

N/A

Associated Policies

N/A

Policy History

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|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 03/14/2023 | Policy Implemented by AmeriHealth Caritas |
| 03/14/2023 | Reimbursement Policy Committee Approval |
| 1/10/2023 | Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section |