

## Reimbursement Policy

Subject: **Multiple Procedure Payment Reduction**

Policy Section: **Medicine**

Last Approval Date: **01/01/21**

Effective Date: **01/01/21**

\*\*\*\* Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to [provider.healthybluenc.com](https://provider.healthybluenc.com). \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered by a Healthy Blue member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Blue Cross NC allows reimbursement for multiple procedures unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

<https://provider.healthybluenc.com>

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When services are performed on the same date of service during the same encounter, **and** are performed by the same physician or health care professional with the same NPI or multiple providers in the same group practice with the same group NPI, the following will be subject to Multiple Procedure Payment Reductions (MPPR):

- Always therapy services
- Cardiovascular procedures
- Ophthalmology procedures

### **Multiple Therapy**

The Practice Expense (PE) component of always therapy services will reimburse at:

- 100% of the applicable fee schedule or contracted/negotiated rate for the service with the highest PE payment.
- 50% of the applicable fee schedule or contracted/negotiated rate for the PE of subsequent therapy services.

When services are rendered by a group practice, MPPR will be applied to the PE component of **all** always therapy services furnished by the same physician, to the same member, in the same session, on the same day, even if the services are in multiple therapy specialties.

### **Multiple Cardiovascular**

The technical component (TC) only and the TC of the global service for cardiovascular procedures will reimburse at:

- 100% of the applicable fee schedule or contracted/negotiated rate for the service with the highest TC payment.
- 75% of the applicable fee schedule or contracted/negotiated rate for the TC of subsequent services.

MPPR does not apply to professional component services.

### **Multiple Ophthalmology**

The TC-only and the TC of the global service for ophthalmology procedures will reimburse at:

- 100% of the applicable fee schedule or contract/negotiated rate for the service with the highest TC payment.
- 80% of the applicable fee schedule or contracted/negotiated rate for the TC of subsequent services.

MPPR does not apply to Professional Component services.

|                                 |
|---------------------------------|
| <b>Related Coding</b>           |
| Standard correct coding applies |

|                       |                                     |
|-----------------------|-------------------------------------|
| <b>Policy History</b> |                                     |
| 01/01/21              | Initial approval and effective date |

| <b>References and Research Materials</b>                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| This policy has been developed through consideration of the following:                                                                                        |  |
| <ul style="list-style-type: none"> <li>• CMS</li> <li>• Department of Health and Human Services, DHB Contract</li> <li>• Blue Cross NC contract(s)</li> </ul> |  |

| <b>Definitions</b>                       |                                                                                                                         |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Always Therapy</b>                    | a list of services that can always be identified as therapy and require therapy modifiers GP, GO, and GN to be reported |
| <b>Practice Expense Component</b>        | the costs of maintaining a practice                                                                                     |
| General Reimbursement Policy Definitions |                                                                                                                         |

| <b>Related Policies and Materials</b>                                   |  |
|-------------------------------------------------------------------------|--|
| Multiple and Bilateral Surgery: Professional and Facility Reimbursement |  |
| Multiple Radiology Payment Reduction                                    |  |

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