



Subject: Multiple Surgery Fee Reductions

Effective Date: 1/2015

Revision Date: 3/2019

POLICY

Multiple surgical procedures will be subject to fee reductions according to the Medical Specific Plan Detail. The primary procedure will be covered at 100% of UCR or the network fee allowance and additional procedures will be covered at 50% of UCR or the network fee allowance.

DEFINITIONS

Multiple surgeries are defined as more than one surgical procedure performed by the same physician during the same operative session. Procedure codes identified as “add on” codes and “modifier 51 exempt” according to CPT are not subject to these fee reductions.

Bilateral procedures are those performed during the same operative session on both sides of the body. OSUHP will consider reimbursing when charges are billed on one line with a modifier 50.

This guideline applies to both professional and facility claims in both inpatient and outpatient settings.

PROCEDURE

The primary procedure will be determined by the industry standard software used by OSU Health Plan’s Third Party Administrator. It will be the procedure with the highest RVU (relative value unit) for the place of service. This procedure will be allowed at 100% of UCR or network fee allowance. Any secondary procedures will then be allowed at 50% of UCR or network fee allowance.

Bilateral procedures will be allowed at 150% of UCR or network fee allowance. When multiple and bilateral procedures are performed at the same time, the bilateral procedure allowance is calculated first for any applicable lines, then multiple surgery procedure reductions will be applied.

Example 1:

Procedure	Status	Charge	Fee Allow	Line Allow	Claim Payment	Line Allow Amt	Claim Payment Amt
Code A	Primary	\$5,000.00	\$4,500.00	100%*	100% of line allow	\$4,500.00	\$4,500.00
Code B	Secondary	\$2,000.00	\$2,000.00	100%*	50% of line allow	\$2,000.00	\$1,000.00

* of UCR or Network Fee Allowance

Example 2:

Procedure	Status	Charge	Fee Allw	Line Allow	Claim Payment	Line Allow Amt	Claim Payment Amt
Code A	Primary	\$3,000.00	\$2,000.00	100%*	100% of line allow	\$5,000.00	\$5,000.00
Code B (bilateral)	Secondary	\$2,000.00	\$1,000.00	150%*	50% of line allow	\$1,500.00	\$750.00
Code C (bilateral)	Secondary	\$1,000.00	\$800.00	150%*	50% of line allow	\$1,200.00	\$600.00

* of UCR or Network Fee Allowance

Procedures performed in conjunction with a surgery, that are determined to be incidental to the primary procedure, will not receive any reimbursement.