



Subject: Multiple Surgery Fee Reductions

Effective Date: 1/1/2014

Revision Date: 11/2017

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.

APPLICABILITY

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 normal multiple surgery procedure reductions will apply.

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