



Subject: Multiple Surgery Fee Reductions

Effective Date: 1/2015
Revision Date: 3/19,11/19

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 Allw	Line Allow	Claim Payment	Line Allow Amt	Claim Payment Amt
49585	Primary	\$5,000.00	\$4,500.00	100%*	100% of line allow	\$4,500.00	\$4,500.00
49650	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
30465	Primary	\$3,000.00	\$2,000.00	100%*	100% of line allow	\$2,000.00	\$2,000.00
30140-50	Secondary	\$2,000.00	\$1,000.00	150%*	50% of line allow	\$1,500.00	\$750.00
31267-50	Secondary	\$1,000.00	\$800.00	150%*	50% of line allow	\$1,200.00	\$600.00

* of UCR or Network Fee Allowance

When a provider's allowable is based on a discount off billed charges, a base value will be calculated as the allowable for a single procedure. This value will be used to determine the bilateral allowable.

Example 3:

Procedure	Status	Charge	Fee Allw (10% discount)	Line Allowable as Non-Bilateral Procedure	Line Allow	Claim Payment Amt	Line Allow Amt (bilateral)	Claim Payment
35206-50	Primary	\$6,500.00	\$5,850.00	\$2,925.00	150%*	100% of line allow	\$4,387.50	\$4,387.50
38790-50	Secondary	\$6,500.00	\$5,850.00	\$2,925.00	150%*	50% of line allow	\$4,387.50	\$2,193.75

* of 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.