



## No. 11 MULTIPLE SURGERY

Multiple procedures are generally considered to mean the performance of more than one procedure by one or more operating providers on the same patient on the same date. Certain surgical specialties may have exceptions to multiple surgery rules. Contact your Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) professional relations field representative for information.

### I. MULTIPLE PROCEDURES WHEN PERFORMED BY ONE PHYSICIAN

#### A. BASIC PREMISE

The policy, in respect to multiple procedures performed by the same provider, is based upon the premise that usual charges for multiple procedures will normally not equal the sum of the charges for each procedure, if these were done independently. This is because there would be a common episode of preparation and follow-up. The procedure of greater value or of more clinical significance will be paid at 100 percent of the usual professional allowed charge up to the maximum allowable payment (MAP). For other procedures performed at the same setting, 50 percent of the usual professional allowed charge, up to the MAP, will be paid.

Services for procedures that are considered to be an integral part of previous or concomitant services or procedures are not recognized for separate reimbursement. Procedures that accomplish the same result are also considered content of service.

Contracting providers agree to accept the review process policy.

#### 1. ENDOSCOPIES

- A diagnostic scope is incidental to another diagnostic scope or a surgical scope (including biopsy).
- A diagnostic scope “with” or “without” biopsy is incidental to an open surgical procedure in the same anatomical area.
- A diagnostic scope is incidental to a diagnostic scope with biopsy unless the verbiage distinguishes the procedure as “with biopsy” versus “without biopsy.”
- Incidental relationships are applied to endoscopic procedures based on the following:
  - complete versus partial
  - with versus without
  - extensive versus limited

- For procedures that can be performed through the same scope, the more complex procedure will be reimbursed and the clinically less intense procedure is denied as incidental.
- If two procedures accomplish the same result, but it is unlikely that it would be clinically appropriate for both to be performed at the same time, the more intense procedure will be reimbursed.
- There are some situations in which multiple endoscopic procedures are necessary, each with sufficient clinical intensity to warrant separate reimbursement.

**2. SCOPE VERSUS OPEN PROCEDURES**

- An endoscopic and open surgical procedure in the same anatomic area will not both be reimbursed.
- If an open surgical procedure and an endoscopic procedure accomplish the same result, the clinically more intense procedure is recommended for reimbursement. The comparable procedure is found incidental.
- For some endoscopic assisted, open surgical procedures performed on the same anatomic area during the same operative session, separate reimbursement will be allowed based on additional time, skill and physician resources.

**II. WHEN MULTIPLE PROCEDURES ARE PERFORMED BY MORE THAN ONE PROVIDER**

Generally, the intent is to pay each provider his usual professional charge up to the MAP on the basis that two or more surgeons would be involved only because of medical necessity for specialized skills or because the surgical need (as in an emergency due to severe accident or grave medical crisis) required multiple providers to operate simultaneously. Basically, the Concurrent Professional Care Policy governs. If the review process determination does not concur with the medical necessity for supplementary skills, the contracting provider would be requested to accept a proration of combined fees determined on the same basis as outlined in Section I of this policy

**III. ADDITIONAL POLICY CLARIFICATION**

**A. IATROGENIC PROCEDURES**

Iatrogenic services are defined as an unfavorable response to medical or surgical treatment, induced by the treatment itself. No additional charge should be made for iatrogenic services when billed by the same provider, or by a provider in the same group.

**B. MAJOR, MINOR, AND ZERO DAY PROCEDURES**

When both a major and a minor procedure are performed on the same date or during the same hospitalization, multiple procedures guidelines will apply. Content of service guidelines will apply when appropriate.

- C. BCBSKS recognizes modifiers and promotes their use for accurate claims payment. Please refer to your Current Procedural Terminology (CPT) book.

**IV. EXCEPTION TO THE MULTIPLE PROCEDURES GUIDELINES**

- A. Certain procedures may have individually established payment guidelines that do not follow Multiple Procedure Policy. Those procedures include the codes where the nomenclature itself describes multiple services or is considered an additive procedure.