



No. 11 MULTIPLE SURGICAL PROCEDURES

This policy applies when more than one surgical (open, scope, or other) procedure is performed by one or more providers on the same patient on the same date. Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) requires providers to report procedures according to CPT and HCPCS guidelines. However, the proper submission of codes and/or modifiers according to CPT and/or HCPCS guidelines shall not imply or create entitlement to health care coverage or reimbursement by BCBSKS for all reported procedures. BCBSKS has sole discretion to determine the applicability of codes and modifiers for reimbursement decisions. Specifically, this discretion includes, but is not limited to, determinations concerning content of service and consideration of modified or add-on codes for additional reimbursement.

I. MULTIPLE SURGICAL PROCEDURES WHEN PERFORMED BY ONE PROVIDER

The policy, in respect to multiple surgical 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 with the greater BCBSKS maximum allowable payment (MAP) will be allowed at 100 percent of the usual professional charge up to the MAP. For other procedures performed at the same setting, the usual professional charge, up to 50 percent of the MAP, will be allowed, except as otherwise specified in this policy.

Services or procedures that BCBSKS considers to be an integral part of previous or concomitant services or procedures are not recognized for separate reimbursement. Examples would include two or more surgical procedures that involve multiple compartments or sections of the same anatomic area (including but not limited to joints, sinuses, and abdominal, chest, pelvic, and cranial cavities). Exceptions to this policy are limited to those unusual circumstances involving significant additional time or other physician resources and shall be granted solely at the discretion of BCBSKS. Procedures that accomplish the same result are also considered content of service. 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.

II. ENDOSCOPIES, ARTHROSCOPIES, AND OTHER SCOPE PROCEDURES

For two or more surgical scope procedures that involve multiple compartments or sections of the same anatomic area (including but not limited to joints, sinuses, and abdominal, chest, pelvic, and cranial cavities), only the procedure with the highest BCBSKS MAP will be reimbursed; other procedures shall be considered content of service. Exceptions based on unusual clinical intensity and/or use of physician resources are also available on a claim-by-claim basis; such claims will only be considered for additional reimbursement if Modifier 22 and appropriate supporting records are submitted with the original claim.

- 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, arthroscopic, and other scope procedures based on the following:
 - complete versus partial
 - with versus without
 - extensive versus limited
- An endoscopic, arthroscopic, or other scope procedure and open surgical procedure in the same anatomic area will not both be reimbursed.
- If an open surgical procedure and an endoscopic, arthroscopic, or other scope procedure accomplish the same result, the clinically more intense procedure is recommended for reimbursement. The comparable procedure is found incidental.
- For some endoscopic, arthroscopic, or other scope procedure 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.

III. OTHER POLICY PROVISIONS

- A. A provider shall not charge for procedures to correct iatrogenic events resulting from medical or surgical treatment by that provider.
- B. Certain procedures have individually established payment guidelines that do not follow this policy. Those procedures include the codes in which the code itself inherently describes multiple services or those recognized by BCBSKS as additive codes.
- C. When multiple procedures are performed by more than one provider, see Policy Memo No. 6, Concurrent Professional Care.