Multiple Procedure Payment Reduction

Reimbursement Policy ID: RPC.0033.1200

Recent review date: 05/2025

Next review date: 03/2026

AmeriHealth Caritas North Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas North Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy addresses the practitioner payment reductions when multiple surgical procedures that are specifically subject to the payment reduction are performed in the same episode of care.

Exceptions

Institutional Claim Multiple Procedure Code Reductions: The hospital base rates do not assume that multiple procedure reductions for inpatient and outpatient services occur.

Reimbursement Guidelines

Multiple Surgery Procedures
Reimburses the lesser of two amounts: the practitioner's submitted charge or the following multiple procedure payment reduction.

- A primary procedure (i.e., the procedure with the highest maximum amount, designated in North Carolina fee schedule) is paid at 100%.
- A secondary procedure (i.e., the procedure with the next highest maximum amount) is paid at 50%. A third and any additional procedures are also paid at 50% of the procedure with the next highest maximum amount.

These additional procedures are identified by addition of modifier 51 to the appropriate CPT code.

A bilateral procedure is identified with modifier 50 and is paid at 150%.

Definitions

Episode of Care
An episode of care includes care related to a defined medical event (e.g., a procedure or an acute condition), including the care for the event itself, any precursors to the event (such as diagnostic tests or pre-op visits) and follow-up care (such as medications, rehab, or readmission). Episodes, which are built from the perspective of a patient's journey, offer a comprehensive view of the care involved in treating a condition for a patient.

Modifier 50
Modifier 50 represents a service or procedure performed on both sides of the body during the same session.

Modifier 51
Modifier 51 represents multiple surgeries performed on the same day, during the same surgical session.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).
IV. Centers for Medicare & Medicaid Services (CMS).
V. North Carolina Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0006.1200 Bilateral Procedures

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
10/2024	Annual Review • No major changes
04/2024	Revised preamble
03/2024	Reimbursement Policy Committee Approval
08/2023	Policy Implemented by AmeriHealth Caritas North Carolina
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added