

# Multiple Procedures

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## **Description**

Centers for Medicare and Medicaid Services (CMS) created the Multiple Procedure Payment Reduction (MPPR) policy to address scenarios where multiple procedures are performed on the same day by the same physician. Per the National Correct Coding Initiative (NCCI) Policy Manual: Most medical and surgical procedures include pre-procedure, intra-procedure, and post-procedure work. When multiple procedures are performed at the same patient encounter, there is often overlap of the pre-procedure and post-procedure work. Payment methodologies for surgical procedures account for the overlap of the pre-procedure and post-procedure work. Therefore, the MPPR defines how the services are to be reimbursed.

## **Policy**

When multiple procedures are performed on the same day, by the same group, physician, or other healthcare professional, reduction in reimbursement for secondary and subsequent procedures will occur. Oscar follows the multiple procedure CMS standards for reduction of payment. The use of modifier 51 appended to a code is not a factor in determining which codes are considered subject to multiple procedure reductions.

## **Reimbursement Guidelines**

### **Surgical / Endoscopic Procedures (Status Indicators 2 & 3)**

If a procedure is reported on the same day as another procedure with an indicator of 2 or 3, the procedures with the greatest reimbursable amount will be paid at 100% followed by 50% for all subsequent procedures. Payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.

Special rules for multiple endoscopic procedures apply if an endoscopic procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure). The base procedure for each code with this indicator is identified in the Endobase field of the CMS NPFS Relative Value File. The multiple endoscopy rules are applied to a family before ranking the family with the other procedures performed on the same day (for example, if multiple endoscopies in the same family are reported on the same day as endoscopies in another family or on the same day as a non-endoscopic procedure). If an endoscopic procedure is reported with only its base procedure, the base procedure is not separately payable. Payment for the base procedure is included in the payment for the other endoscopy.

### **Therapy Services (Status Indicator = 5)**

For therapy services, full payment is made for the service with the highest payment. Payment is reduced by 50 percent of the practice expense component for subsequent services furnished by the same physician (or by multiple physicians in the same group practice, to the same patient on the same day). Reduction is taken only on the practice expense component, the other components are paid at 100% for all procedures.

### **Cardiovascular Services (Status Indicator = 6)**

For cardiovascular services, full payment is made for the service with the highest payment. Payment is made at 75 percent for subsequent services furnished by the same physician (or by multiple physicians in the same group practice, to the same patient on the same day). Reduction is taken only on the technical component, the professional component is paid at 100% for all procedures.

### **Ophthalmology Services (Status Indicator = 7)**

For ophthalmology services, full payment is made for the service with the highest payment. Payment is made at 80 percent for subsequent services furnished by the same physician (or by multiple physicians in the same group practice, to the same patient on the same day). Reduction is taken only on the technical component, the professional component is paid at 100% for all procedures.

**Related Policies (if applicable)**

Modifier Guidelines

**References**

- 1. CMS Transmittal 995 (11/04/2011):  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R995OTN.pdf>
- 2. CMS Internet Only Manual 100-04
- 3. NCCI Policy Manual, Chapter 1

**Publication History**

Date	Action/Description
09/01/2015	Original Documentation
10/01/2015	Initial Policy Approval
07/20/2017	Policy Updated
08/19/2019	Policy Updated
01/30/2025	Annual Review; Template updated; Description Section added; Related Policies section added. Sources section renamed to References; Global/Case Rate Adjustment policy statement removed. No change to policy intent.