

## Commercial Reimbursement Policy

Subject: **Multiple Surgery - Facility**

Policy Number: **C-21004**

Policy Section: **Facilities**

Last Approval Date: **04/14/2021**

Effective Date: **01/01/2022**

### Disclaimer

*These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and nonparticipating professionals and facilities as indicated.*

*If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem:*

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

*Anthem's reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, State, Federal or Centers for Medicare and Medicaid Services (CMS) contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.*

### Policy

The Health Plan's reimbursement for facility providers is based on the below multiple procedure rules, unless provider, state, or federal contracts and/or requirements indicate otherwise.

Reimbursement is allowed for only the primary, or highest valued, procedure when multiple procedures are performed on the same day or same session, and at the same place of treatment.

Modifier 51 should not be appended to facility claims. A single surgical procedure is subject to multiple procedure reduction guidelines when submitted with multiple units.

### Related Coding

Standard Correct Coding applies

## Policy History

11/23/2022	Revision effective: Removed all bilateral language from policy; updated policy name to Multiple Surgery - Facility from Multiple Bilateral Surgery Processing- Facility
04/14/2021	Initial policy approval 04/14/2021 and effective 01/01/2022.

## References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>Centers for Medicare and Medicaid Services (CMS)</li> <li>American Medical Associations Current Procedural Terminology (CPT) 2020</li> </ul>
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## Definitions

Modifier 51	Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg. vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). This modifier is only appropriate for professional claims. <u>Note:</u> This modifier should not be appended to designated 'add-on' codes (see Appendix D).
Multiple surgeries	Distinct surgical procedures performed by a provider on the same patient during the same operative session.
General Reimbursement Policy Definitions	

## Related Policies and Materials

Distinct Procedural Services, Modifiers 59, XE, XP, XS, XU - Professional
Facility Global Surgery - Facility
Modifier Rules - Professional
Scope of License - Professional

## Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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