



		Reimbursement Policy
Subject: Multiple Procedure Payment Reduction		
Effective Date: 01/01/21	Committee Approval Obtained: 01/01/21	Section: Medicine
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://www.bluecrossnc.com/provider-home.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP) members. 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 CPT[®] codes, 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. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a non-contracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. • Adjust the reimbursement to reflect the appropriate services and/or procedures performed. <p>Blue Cross NC Medicare Advantage 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.</p>		

<https://www.bluecrossnc.com/provider-home>

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Blue Cross NC Medicare Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

<p>Policy</p>	<p>Blue Cross NC Medicare Advantage allows reimbursement for multiple procedures unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>When services are performed on the same date of service during the same encounter, and are performed by the same physician or health care professional with the same NPI or multiple providers in the same group practice with the same group NPI, the following will be subject to Multiple Procedure Payment Reductions (MPPR):</p> <ul style="list-style-type: none">• Always therapy services• Cardiovascular procedures• Ophthalmology procedures <p>Multiple Therapy The Practice Expense (PE) component of always therapy services will reimburse at:</p> <ul style="list-style-type: none">• 100% of the applicable fee schedule or contracted/negotiated rate for the service with the highest PE payment.• 50% of the applicable fee schedule or contracted/negotiated rate for the PE of subsequent therapy services. <p>When services are rendered by a group practice, MPPR will be applied to the PE component of all always therapy services furnished by the same physician, to the same member, in the same session, on the same day, even if the services are in multiple therapy specialties.</p> <p>Multiple Cardiovascular The technical component (TC) only and the TC of the global service for cardiovascular procedures will reimburse at:</p> <ul style="list-style-type: none">• 100% of the applicable fee schedule or contracted/negotiated rate for the service with the highest TC payment.• 75% of the applicable fee schedule or contracted/negotiated rate for the TC of subsequent services. <p>MPPR does not apply to professional component services.</p> <p>Multiple Ophthalmology The TC-only and the TC of the global service for ophthalmology procedures will reimburse at:</p> <ul style="list-style-type: none">• 100% of the applicable fee schedule or contract/negotiated rate for the service with the highest TC payment.
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Blue Cross and Blue Shield of North Carolina
 Healthy Blue + Medicare (HMO D-SNP)
 Multiple Procedure Payment Reduction

	<ul style="list-style-type: none"> 80% of the applicable fee schedule or contracted/negotiated rate for the TC of subsequent services. <p>MPPR does not apply to Professional Component services.</p>
History	<ul style="list-style-type: none"> Initial approval and effective date: 01/01/21
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> CMS State contract Blue Cross NC Medicare Advantage contract(s)
Definitions	<ul style="list-style-type: none"> Always Therapy: a list of services that can always be identified as therapy and require therapy modifiers GP, GO, and GN to be reported Practice Expense Component: the costs of maintaining a practice General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> Multiple and Bilateral Surgery: Professional and Facility Reimbursement Multiple Radiology Payment Reduction
Related Materials	<ul style="list-style-type: none"> None