Multiple Procedure Payment Reduction

Reimbursement Policy ID: RPC.0033.01CH

Recent review date: 05/2025

Next review date: 03/2026

Keystone First – CHIP (Children's Health Insurance Program) 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. Keystone First – CHIP 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 provider payment reductions when multiple procedures that are specifically subject to the payment reduction are performed in the same episode of care. This includes surgeries, diagnostic radiology, and therapies performed on the same date.

Exceptions

N/A

Reimbursement Guidelines

Multiple Surgery Procedures

- Reimburses the lesser of two amounts: the provider's submitted charge or the following multiple procedure payment reduction.
- A primary procedure (i.e., the procedure with the highest maximum amount, designated in the Keystone First – CHIP fee schedule is paid at one hundred percent 100%.
- A secondary procedure (i.e., the procedure with the next highest maximum amount is paid at twenty five percent (25%)
- Any additional procedures are not paid.
- A bilateral procedure is paid at one hundred and twenty five percent 125%.

Multiple Therapy Procedures
If more than one skilled therapy service is rendered by the same non-institutional provider or provider group to a member on the same date, then the service with the highest payment amount in the Pennsylvania Medicaid fee schedule is considered the primary procedure. Payment for a covered skilled therapy service is the lesser of the provider's submitted charge or a percentage of the amount in the fee schedule to be determined in the following manner:

- For the first unit of a primary procedure, it is paid at 100%; or
- For each additional unit or procedure within the same therapy discipline, it is paid at 70%.

NOTE: Services reported on claims must correspond to the services documented in the treatment or maintenance plan.

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.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Corresponding Keystone First - CHIP Clinical Policies.
VII. Applicable Keystone First - CHIP manual reference.
VIII. Commonwealth of Pennsylvania Children's Health Insurance Program guidance.
IX. Commonwealth of Pennsylvania Medicaid Program fee schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval

04/2025	Revised preamble
04/2024	Revised preamble
08/2023	Removal of policy implemented by Keystone First – CHIP from Policy History section
01/2023	Template revised • Preamble revised • Applicable Claim Types table removed • Coding section renamed to Reimbursement Guidelines • Associated Policies section added