

		Reimbursement Policy
Subject: Multiple and Bilateral Surgery: Professional and Facility Reimbursement		
Effective Date: 05/01/20	Committee Approval Obtained: 12/21/18	Section: Coding
<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://medproviders.anthem.com/wi.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by a BadgerCare Plus member’s 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 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Anthem 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Anthem strives to minimize these variations.</p> <p>Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	<p>Anthem allows reimbursement to professional providers and facilities for multiple and bilateral surgery unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on multiple and bilateral procedure rules in accordance with contracts and/or state guidelines for applicable surgical procedures performed at the same session by the same provider.</p>	

<https://medproviders.anthem.com/wi>

Multiple Surgery

Professional provider claims for applicable surgical procedures must be billed with Modifier 51 to denote a multiple procedure. Facility claims should not be billed with Modifier 51; however, the following reductions apply to both physician and facility claims. Professional reimbursement is the total of:

- 100% of the fee schedule or contracted/negotiated rate for the highest valued procedure.
- 50% for the secondary procedure.
- 25% for third procedure.
- 13% for all subsequent procedures.

Facility reimbursement is the total of:

- 100% of the fee schedule or contracted/negotiated rate for the highest valued procedure.
- 50% for the secondary procedure.
- 25% for all subsequent procedures.

Anthem does not apply multiple procedure reduction reimbursement to Modifier 51-exempt (also known as MS-exempt) or add-on procedure codes since the fee allowance and/or relative value is already reduced for the procedure itself.

A single surgery procedure is subject to a multiple procedure reduction when submitted with multiple units.

Bilateral Surgery

Professional provider and nonambulatory surgical center (ASC) facility claims with applicable surgical procedures must be billed with Modifier 50 to denote a bilateral procedure. It is inappropriate to use Modifier LT or RT to identify bilateral procedures. Reimbursement is 150% of the fee schedule or contracted/negotiated rate of the procedure. Modifier 50, when billed by ASCs, is not recognized, and additional reimbursement is not provided for bilateral procedures. Anthem reimburses ASCs 100% of the fee schedule or contracted/negotiated rate based on the primary procedure performed.

For procedure codes containing “bilateral” or “unilateral or bilateral” in their description, no modifier is used, and reimbursement is based on 100% of the fee schedule or contracted/negotiated rate for the procedure.

Claims with applicable surgical procedures billed without the correct modifier to denote a multiple or bilateral procedure may be denied. In

	the instance when more than one bilateral procedure or multiple and bilateral procedures are performed during the same operative session, multiple procedure reductions apply.
History	<ul style="list-style-type: none"> • Biennial review approved 12/21/18 and effective 05/01/20: ASC policy language added • Review approved and effective 02/23/18: Multiple units policy language added • Biennial review approved and effective 10/03/16: “Unilateral or bilateral” language corrected • Initial approval and effective date 07/01/14
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contract • National Uniform Billing Committee Guidelines
Definitions	<ul style="list-style-type: none"> • Modifier 50: bilateral procedures performed on identical sides of the body on the same day during the same operative session • Modifier 51: multiple procedures, other E/M, physical medicine and rehabilitation services performed by the same physician on the same day during the same operative session • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Assistant at Surgery (Modifiers 80/81/82/AS) • Modifiers LT and RT: Left Side/Right Side Procedures • Modifier Usage • Multiple Delivery Services
Related Materials	<ul style="list-style-type: none"> • None