



Subject: Multiple Surgery Fee Reductions

Revision Date: 10/24

POLICY

Multiple surgical procedures will be subject to fee reductions according to the Ohio State University Faculty and Staff Specific Plan Details Document (SPD). The primary procedure will be covered at 100% of UCR or the network fee allowance and additional procedures will be covered at 50% of UCR or the network fee allowance.

DEFINITIONS

Multiple surgeries are defined as more than one surgical procedure performed by the same physician during the same operative session. Procedure codes identified as “add on” codes and “modifier 51 exempt” according to CPT are not subject to these fee reductions.

Bilateral procedures are those performed during the same operative session on both sides of the body. OSUHP will consider reimbursing bilateral procedures when charges are billed on one line with a modifier 50.

APPLICABILITY

This guideline applies to both professional and facility claims in both inpatient and outpatient settings.

PROCEDURE

The primary procedure will be determined by the industry standard software used by OSU Health Plan’s Third-Party Administrator. It will be the procedure with the highest RVU (relative value unit) for the place of service. This procedure will be allowed at 100% of UCR or network fee allowance. Any secondary procedures will then be allowed at 50% of UCR or network fee allowance.

Bilateral procedures will be allowed at 150% of UCR or network fee allowance. When multiple and bilateral procedures are performed at the same time, the bilateral procedure allowance is calculated first for any applicable lines, then multiple surgery procedure reductions will be applied.

Example 1:

Procedure	Example RVU	Status	Charge	Fee Allow	Line Allow	Claim Payment	Line Allow Amt	Claim Payment Amt
49650	12.71478	Primary	\$5,000.00	\$4,500.00	100%	100% of line allow	\$4,500.00	\$4,500.00
49591	10.04997	Secondary	\$2,000.00	\$2,000.00	100%	50% of line allow	\$2,000.00	\$1,000.00

Example 2:

Procedure	Example RVU	Status	Charge	Fee Allow	Line Allow	Claim Payment	Line Allow Amt	Claim Payment Amt
30465	29.56308	Primary	\$3,000.00	\$2,000.00	100%	100% of line allow	\$2,000.00	\$2,000.00
30140-50	8.43647	Secondary	\$2,000.00	\$1,000.00	150%	50% of line allow	\$1,500.00	\$750.00
31267-50	7.71582	Secondary	\$1,000.00	\$800.00	150%	50% of line allow	\$1,200.00	\$600.00

When a provider's allowable is based on a discount off billed charges, a base value will be calculated as the allowable for a single procedure, in order to determine the bilateral allowable for the procedure.

Example 3:

Procedure	Example RVU	Status	Charge	Fee Allow (10% discount)	Line Allow	Line Allow for Base Code	Line Allow Amount (bilateral)	Claim Payment Amount
35206-50	22.92378	Primary	\$6,500.00	\$5,850.00	100%	\$2,925.00	\$4,387.50	100% of line allow
38790-50	2.36205	Secondary	\$6,500.00	\$5,850.00	150%	\$2,925.00	\$2,193.75	50% of line allow

Procedures performed in conjunction with a surgery that are determined to be incidental to the primary procedure will not receive any reimbursement.

RESOURCES

“Faculty and Staff Health Plans Specific Plan Details Document.” The Ohio State University Office of Human Resources, Sept. 2023. Web. <https://hr.osu.edu/wp-content/uploads/medical-spd.pdf>