Multiple Surgery Logic

Overview:

Multiple procedure reduction logic within the PMMIS system had historically only applied to a hard coded range of services described by the surgical range of CPT codes (10000 - 69999). However, other procedures outside this range are subject to the same reduction when performed in addition to other procedures by the same provider on the same date of service.   Additionally, mmultiple procedure reduction logic on the Professional and Outpatient form types was inconsistent in how the primary service was identified. For Professional claims/encounters, the first applicable procedure billed was determined to be primary and for Outpatient claims/encounters, the applicable procedure with the highest allowed value was determined to be primary.

As a result all procedures subject to multiple procedure reductions are now housed in a single Reference table RF724 and mutliple procedure reduction logic has been changed to remove previous hard code and utlize this table and its values for processing, (t*his table will also be added to the Contractor bi-monthly Reference extracts*), and Professional form type logic was changed to function consistently with the existing Outpatient logic.

These changes result in a reduction in incorrect payments to providers, as well as more consistent and appropriate application of processing rules.

All Contractors who do not currently have this logic in place must implement matching logic by no later than January 1, 2012.