Overview – Changes to Multiple Surgery Logic

Issue 1 - 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.

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.

Issue 2 – Procedures which were exempt from multiple procedure reductions were derived in several ways including hard coded values as well as some tablized values.

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.

Issue 3 – Multiple 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 Professional form type logic was changed to function consistently with the existing Outpatient logic.

Overall it is anticipated that these changes will result in a reduction in incorrect payments to providers, as well as more consistent and appropriate application of processing rules.