

Multiple Surgery Reduction Changes

Blue Cross and Blue Shield of North Carolina (BCBSNC) will be implementing policy changes to specific Current Procedural Technology (CPT) codes effective November 1, 2010. The changes will affect multiple surgery reduction procedures and are consistent with our multiple procedure payment policies.

The majority of codes will eliminate the multiple surgery reduction rules and the CPT codes will no longer reduce when filed in conjunction with other procedures. The codes affected by this change are 93561, 935620, 90935, 90937, 90945, 90947, 92700, and 92975. BCBSNC view these codes as medical services and deem a surgical reduction should not apply.

Three additional CPT codes affected by the policy changes are 93650, 93651, and 93973. After careful consideration, BCBSNC designated these codes as surgical in nature and the multiple surgery reduction will now apply when billed in conjunction with other procedures. The exception would be if the procedure is performed as stand-alone or submitted with codes deemed to be modifier -51 exempt or an add-on code by CPT. This policy change is consistent with The Centers for Medicare and Medicaid Services (CMS) guidelines.

Codes with multiple surgery reduction rules removed	
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
90935	Hemodialysis procedure with single physician evaluation
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90945	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), requiring repeated physician evaluations, with or without substantial revision of dialysis prescription
92700	Unlisted otorhinolaryngological service or procedure
92975	Thrombolysis, coronary, by intracoronary infusion, including selective coronary angiography

Codes with multiple surgery reduction rules applied	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
92973	Percutaneous transluminal coronary thrombectomy

These policy changes apply to all BCBSNC lines of business. To learn more about *Multiple Surgical Procedure Guidelines* visit the BCBSNC Medical policy Web page available online at: <http://www.bcbsnc.com/content/services/medical-policy/index.htm>.