



Network Notification

Date: December 7, 2010

Number: OH-P-2010-36
MI-P-2010-19

To: Ohio and Michigan Providers

From: CareSource

Subject: Multiple Surgery Procedures for Facility and Professional Claim Submissions

Effective Date: January 1, 2011

The following outlines CareSource's policy for billing and reimbursement of Multiple Surgery Procedures.

CareSource follows CMS Guidelines for Multiple Surgery Levels of Reimbursement:

- Procedure 1 = 100%
 - Procedure 2 = 50%
 - Procedure 3 = 50%
 - Procedure 4 = 50%
 - Procedure 5 = 50%
 - More than 5 Surgical Codes = Notes will be needed prior to reimbursement
- When a claim is billed with Multiple Surgeries, CareSource will reimburse based on the levels listed above.

Example:

Billed	27130	= Paid @ 100% of contracted rate
	<u>29904RT</u>	= Paid @ 50% of contracted rate
		= total claim paid @ 150% combined contracted rates

- For claims that are billed with multiple bilateral procedures, both the Bilateral and Multiple Surgery rules apply.
- For more on the Bilateral rules, please see the following Network Notification: Bilateral Procedures for Facility and Professional Claims Submissions

Example:

Billed: 42820 = Paid @ 100% of contracted rate
69436 50 = Paid @ 150% (bilateral) of contracted rate – 50% (2nd
surgery code) of contracted rate for a total of 75% of contracted rate
= total claim paid @ 175% combined contracted rates

27130 50 = Paid @ 150% of contracted rate
29904 RT = Paid @ 50% of contracted rate
= total claim paid @ 200% of combined contracted rates