

Outpatient Facility Coding Alert

Reader Question: Multiple Procedure Discounts Explained

Question: I've been away from ASC coding for a few years, so need to refresh some basics. Can you remind me how multiple procedure reimbursement works in an ASC?

Answer: Multiple procedure guidelines come into play when the surgeon completes more than one procedure during the same operative session. Here are the basics:

- When two or more of the procedures performed during the same session are subject to the multiple procedure discount, the ASC will be reimbursed at the full rate for the procedure classified with the highest payment. Other procedures performed during the same session are reimbursed at 50 percent of the procedure's applicable payment.
- A procedure performed bilaterally during a single operative session is reported as two procedures. Submit the procedure code as two line items, not a single line item with two units. Eligible bilateral procedures are normally paid at 150 percent of the applicable rate.
- Multiple procedure discounts do not apply to ASC surgical services reported with certain modifiers. For example, procedures with modifiers 52 (Reduced services) or 73 (Discontinued outpatient hospital/ambulatory surgery center [ASC] procedure prior to the administration of anesthesia) are exempt from further price reductions. ASC procedures billed with modifier 74 (Discontinued outpatient hospital/ambulatory surgery center [ASC] procedure after administration of anesthesia) might be subject to the discount if the surgical procedure is subject to the multiple procedure discount.

Many payers apply multiple procedure reductions as the last step in calculating reimbursement. Talk with your payers to better understand their procedures.