

# SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

## of the Professional Provider Office Manual

### 5.39 COLONOSCOPY MULTIPLE PROCEDURE REDUCTION

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## COLONOSCOPY MULTIPLE PROCEDURE REDUCTION

Effective for dates of service on and after October 1, 2020, Blue Cross will apply a multiple procedure reduction to colonoscopy codes assigned to the Centers for Medicare & Medicaid Services (CMS) endoscopy family with base CPT code 45378.

When multiple colonoscopy procedures assigned to CMS endoscopy family base code 45378 are performed on the same day, the multiple procedure reduction will apply as follows:

- The highest valued procedure from the family will be the primary endoscopy code reimbursed at 100% of the allowable charge.
- Any additional codes in the family will be reimbursed at 10% of the allowable charge.

If these colonoscopy procedures are billed on the same day as other procedures that are subject to a multiple procedure reduction, the primary endoscopy code may be subject to a multiple procedure reduction. As outlined in the Multiple Procedures section of this manual, the highest valued procedure will be the primary procedure reimbursed at 100% of the allowable charge, while secondary procedures will be reimbursed up to 50% of the allowable charge. Endoscopy procedures reimbursed at 10% of the allowable charge for the colonoscopy multiple procedure reduction will not be subject to additional multiple procedure reductions.

### Claims Example

Code	Modifier	Allowable*	Allowable with Multiple Procedure Reductions Applied	Percentage of Allowable Applied	CMS Endoscopy Base Code
43239		\$150	\$75	50%	43235
45385		\$300	\$300	100%	45378
45380	59	\$250	\$25	10%	45378

\*The allowable charges used in the calculation examples are for ease of illustration purposes only.

The colonoscopy multiple procedure reduction will only apply to the two codes with CMS endoscopy family base 45378. Since 45385 has the highest allowable of the two codes, it will be the primary endoscopy code reimbursed at 100% of the allowable charge, and 45380 will be reimbursed at 10% of the allowable charge.

Code 43239 was also billed on the claim example. This will require codes 43239 and 45385 to be evaluated for a multiple procedure reduction. Since 45385 has a higher allowable than 43239, 45385 will be reimbursed at 100% of the allowable charge and 43239 will be reimbursed at 50% of the allowable charge. Code 45380 will not be subject to an additional multiple procedure reduction since it was reimbursed at 10% for the colonoscopy multiple procedure reduction.