SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.30 MULTIPLE PROCEDURE REDUCTIONS FOR FACILITY THERAPY SERVICES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

MULTIPLE PROCEDURE REDUCTIONS FOR FACILITY THERAPY SERVICES

Louisiana Blue will apply multiple procedure reductions to codes 95851–95852, 97010–97150, 97169–97596, 97611–97799, 98940–98943 and G0283 when billed on the same day. If services are rendered on the same day by providers in different specialties (i.e., physical therapy and occupational therapy), the multiple procedure reduction applies separately for each service line. The physical therapy service line should be billed with revenue codes 42X and the occupational therapy service line should be billed with revenue codes 43X. Chiropractic services 98940–98943 will be grouped with physical therapy services. Multiple units will rank based on the highest per-unit allowable charge across all codes eligible for a reduction.

Multiple units will be reimbursed based on the allowable charge at:

- 100% for the first unit
- 50% for the second, third, fourth and fifth unit
- 25% for the sixth unit
- 5% for seven or more units

Examples

Per-Unit Allowable Charge*

97110 = $11
97140 = $10
97014 = $9
97012 = $7

**Not actual allowable charges. For illustration only.*

Code	Units	Fee
97110	2	$16.50
97140	1	$5.00
97014	1	$4.50

Code	Units	Fee
97140	2	$10.00
97110	2	$16.50

Code	Units	Fee
97140	2	$10.00
97014	1	$4.50
97012	1	$1.75
97110	2	$16.50

Note: Multiple procedure reductions may apply differently on coordination of benefits (COB).