SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.25 MULTIPLE PROCEDURES

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office 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 *Professional Provider Office 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 Professional 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 *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

MULTIPLE PROCEDURES

Multiple procedures are procedures performed during the same session/visit. The primary procedure is reimbursed at the allowable charge while the secondary procedure(s) are reimbursed up to 50% of the allowable charge.

Modifier 51 can be used to report multiple procedures; however, Louisiana Blue considers it an informational modifier.

For Bilateral Procedures

Bilateral procedures are considered multiple procedures. To report single and multiple bilateral procedures, use Modifier 50. If a session/visit includes a combination of procedures, one code should be used with a bilateral modifier rather than reporting each procedure separately. If procedures are coded separately, Louisiana Blue may bundle the procedures and apply the appropriate allowable charge.

Additional Multiple Procedure Guidelines

There are special multiple procedure guidelines for the services listed below. Please refer to the following sections:

- Chiropractic and Physical Medicine
- Drug Screening Assays
- Nucleic Acid Probes
- Multiple Service Reduction for Diagnostic Imaging Services