SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.39 COLONOSCOPY AND UPPER GASTROINTESTINAL ENDOSCOPY MULTIPLE PROCEDURE REDUCTION

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.

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COLONOSCOPY AND UPPER GASTROINTESTINAL ENDOSCOPY MULTIPLE PROCEDURE REDUCTION

Effective for dates of service on and after Oct. 1, 2020, Louisiana Blue 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.

Effective for date of service on and after Dec. 1, 2024, Louisiana Blue will apply a multiple procedure reduction to upper gastrointestinal endoscopy codes assigned to the CMS endoscopy family with base CPT code 43235.

When multiple colonoscopy or upper gastrointestinal endoscopy procedures assigned to CMS endoscopy family base code 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 endoscopy family 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 upper and lower gastrointestinal endoscopy 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
43249	59	$100	$10	10%	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 for the family reimbursed at 100% of the allowable charge, and 45380 will be reimbursed at 10% of the allowable charge.

The upper gastrointestinal endoscopy multiple procedure reduction will only apply to the two codes with CMS endoscopy family base 43235. Since 43239 has the highest allowable of the two codes, it will be the primary endoscopy code for the family reimbursed at 100% of the allowable charge, and 43249 will be reimbursed at 10% of the allowable charge.

Both endoscopy families were billed in 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. Codes 45380 and 43249 will not be subject to an additional multiple procedure reduction since they were reimbursed at 10% for the endoscopy family multiple procedure reduction.