

n05745

Multiple Therapy Reduction Policy - Commercial

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This reimbursement policy outlines Network Health’s process when outpatient professional claims are submitted with multiple therapy procedures (occupational, physical and/or speech). This policy is specific to Network Health’s Commercial product, and does not apply to per visit, per diem, or case rate negotiated reimbursements.

Policy Detail:

Network Health (NH) follows the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File, when determining which procedures qualify for multiple therapy reductions.

I. Status Indicators:

- A. The therapy procedure(s) must have a status indicator of “7” in the PCTC Ind column (Professional Component/Technical Component) as well as a “5” in the Mult Proc column (Multiple Procedure), to qualify for multiple procedure rules.
- B. These codes are considered “always therapy” codes.

II. Multiple therapy procedures are separate procedures performed by the same physician group and/or other health care professionals of the same group practice on the same patient, at the same session, on the same day.

III. Reimbursement:

- A. NH will reimburse outpatient professional therapy procedures with the highest allowed amount at one hundred percent (100%) of the allowed amount, and all subsequent procedures will be reimbursed at ninety percent (90%) of the allowed amount when services are performed by the same physician group and/or other health care professionals of the same group practice on the same patient on the same day.
- B. If a single line is submitted with multiple units, NH will reimburse one (1) unit at one hundred percent (100%) of the allowed amount, and all subsequent unit(s) will be reimbursed at ninety percent (90%) of the allowed amount.
 - a. If two or more procedure codes are billed but only one procedure code is subject to a reduction, no reduction will be applied for either code(s); all procedures will be reimbursed at one hundred percent (100%) of the allowed amount.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Related Policies:

[n05659 Claim Submission Policy](#)

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