



PROVIDER QUICK TIPS

#137

Billing of Multiple Surgical Services

This is a reminder to providers about the correct billing procedure to follow when two or more surgical procedures are performed on the same date or during the same period of hospitalization.

The Department of Human Services (the department) reviewed claims for multiple surgical procedures performed by the same practitioner and provided to the same recipient during the same period of hospitalization or on the same day in the outpatient setting and identified errors in billing that have resulted in claims being paid incorrectly.

The department found that providers submitted claims for the different surgical procedures on separate invoices, submitted claims using the rendering provider numbers of different physicians within the same practice, and did not list the procedure code for the surgical procedure with the highest fee first.

Providers are directed to bill all surgical procedures performed on the same day, or during the same period of hospitalization, on a single professional claim submission for inpatient or outpatient surgical procedures. Billing providers are to enter the provider number of the practitioner who actually performed the surgical procedure. Providers are also instructed to list the procedure with the highest fee on the first claim line and the procedure with the next highest fee on the second claim line, etc.,.

Providers should refer to their respective billing guides for further billing procedures. Failure to bill correctly for multiple surgical procedures may cause the claim(s) to be denied or paid incorrectly and will result in the recoupment of Medical Assistance payments made in error.

Thank you for your service to our MA recipients.
We value your participation.
Check the department's website often at: www.dhs.pa.gov

