



Dear Provider,

Multi-surgery claims for clinic providers were previously suspending for Explanation of Benefits (EOB) 0110 - "There is no additional benefit for this service. Payment for this procedure was included in the payment for the primary procedure." This issue was affecting claims with multiple lines of surgical codes. The following surgery modifiers were also not pricing correctly: bilateral procedures (modifier 50), co-surgeon (modifier 62) and assistant surgeon (modifier 80). Providers were previously advised to continue to submit multiple surgery claims as usual.

An interim solution was implemented on October 7, 2017, to manually process these claims rather than allowing them to suspend. The long-term solution was implemented on February 20, 2019, to stop these claims from suspending and automate claims processing. Since manual processing is no longer needed for multi-surgery claims, or claims with modifiers 50, 62 or 80, providers may experience shorter claims processing turnaround times.

Affected claims will be reprocessed by DXC in the coming weeks. While fund recoupments are not the intended outcome, providers are advised that if an adjustment denies for any reason, it will retract the payment on the original claim. Providers will have an additional 60 days to resubmit with the adjustment ICN.

Claims with multiple procedures performed by different rendering providers:

If multiple surgeons provide services to a member on the same date of service, each service performed by a different rendering provider must be billed on a separate claim.

Claims with multiple procedures performed by the same rendering providers:

If the same rendering provider performs services to a member on the same date of service, all services should be reported on the same claim. If they are not, multiple surgery procedures on subsequent claims will deny for EOB 0110. The Department is not able to correct these claims by reprocessing. Providers will need to adjust any paid claims for the member, date of service, and rendering provider, and submit all procedures on a single new claim. If claims are outside of timely filing, contact the [Provider Services Call Center](#) at 1-844-235-2387.

Billing requirements and payment policies for multi-surgery claims can be found in the [Medical and Surgical Services billing manual](#), located on the [Billing Manuals web page](#) under the CMS 1500 drop-down section.

Thank you,

Department of Health Care Policy & Financing

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