Example 4: 1 Surgical Procedure Billed with an Endoscopic Group

Line Item	CPT® Code	Maximum Payment (nonfacility setting)	Endoscopy Policy Applied	Standard Multiple Surgery Policy Applied
1	23412	$ 1,370.22		$ 685.11 (5)
Base (1)	29805	$ 751.52		
3	29826	$ 1,068.06	$ 316.54 (3)	$ 316.54 (4)
4	29824	$ 1,078.02	$1,078.02 (2)	$ 1,078.02 (4)
			Total Allowed Amount in Nonfacility Setting:	$ 2,079.67 (6)

(1) Base code listed is for reference only (not included on bill form).
(2) Allowed amount for the highest valued endoscopy procedure is the fee schedule maximum.
(3) Allowed amount for the second highest valued endoscopy procedure in the family is calculated by subtracting the fee schedule maximum for the base code from the fee schedule maximum for the nonbase code.
(4) Standard multiple surgery policy is applied, with the highest valued surgical procedure or endoscopy group being paid at 100%.
(5) Standard multiple surgery policy is applied, with the second and third highest valued surgical procedures being paid at 50% each.
(6) Represents total allowed amount after applying all applicable global surgery policies.