Neighborhood Health Plan OF RHODE ISLAND™

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Update to Multiple Procedure Payment Policy

July 1, 2026

Neighborhood Health Plan of Rhode Island (Neighborhood) is updating its Multiple Procedure Payment Policy for **Medicaid and Commercial lines of business**, effective **September 1, 2026**, to align with the Centers for Medicare & Medicaid Services (CMS) payment methodology for endoscopic procedures. **INTEGRITY for Duals** and **Dual CONNECT** claims already follow Medicare reimbursement methodology for these services. This update ensures consistency with CMS policy and alignment with standard industry practice.

Under CMS guidance, certain procedures performed during the same operative session are considered part of a primary service and are not separately billable. For endoscopic procedures, CMS uses a base code methodology: the highest-valued procedure in the family is paid in full, and additional procedures are reimbursed at their allowed amount minus the base code amount. For example, when a screening colonoscopy includes polyp removal, payment reflects this logic rather than separate full payments for each code.

Neighborhood will now incorporate this methodology into its Multiple Procedure Payment Policy for applicable Medicaid and Commercial claims. Reimbursement for applicable endoscopic codes will reflect CMS standards, ensuring that procedures sharing a base code are reimbursed appropriately as part of a single operative session.

For more information, please refer to the updated Multiple Procedure Payment Policy, which will go into effect on September 1, 2026 or the Medicare Claims Processing Manual (Chapter 12, Section 40.6.)