Highmark Reimbursement Policy Bulletin

Bulletin Number: RP-029
Subject: Surgical Techniques, Procedures and Related Services
Effective Date: March 12, 2018
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Source: Reimbursement Policy

Applicable Commercial Market
PA ☒ WV ☒ DE ☒

Applicable Medicare Advantage Market
PA ☐ WV ☒

Applicable Claim Type
UB ☐ 1500 ☒

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy’s direction and regional applicability.

REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

A diagnostic endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., code 43200 is included as part of codes 43197, 43198 and 43201 - 43232).

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., code 43202 is included as part of code 43216). Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the Plan will combine the service lines and process under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion or polyp.

When an endoscopic biopsy (e.g., code 43202) is performed on a separate surgical site, unrelated to the endoscopic excision or removal of cyst, tumor, mass, lesion or polyp (e.g., 43216), the endoscopic biopsy may be considered for separate reimbursement. In these cases, modifier-59 should be reported with the biopsy (e.g., 43202). The patient’s medical record must include documentation identifying the different surgical sites to which these services were provided.

When a single endoscopic technique is performed on separate surgical sites, the code should only be reported once (e.g., if multiple esophageal polyps are removed by snare technique, code 43217 should only be reported once). If different endoscopic techniques are performed on separate sites, then multiple endoscopy codes can be reported (e.g., codes 43216 and 43217 can both be reported when polyps are removed from different sites via the different techniques represented by these codes).
Laparoscopic Surgery

Laparoscopic surgeries (e.g., laparoscopic appendectomy, splenectomy, intestinal resection, etc.) are eligible for reimbursement. The Plan will provide an equivalent reimbursement level for laparoscopic procedures and corresponding open procedures, subject to the terms of this Reimbursement Policy.

Laparoscopic procedures that do not have a specific procedure code and are not addressed on a medical policy bulletin will be given individual consideration.

In addition, when an open procedure is performed after the initiation of a laparoscopic procedure, reimbursement is made for the open procedure only.

Keyhole vesicourethropexy is eligible for reimbursement under procedure codes 51990 and 51992.

Refer to Medical Policy G-24: Obesity, for guidelines on the surgical treatment of obesity.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and not eligible for reimbursement. A participating or network provider cannot bill the member for such services.

Surgical Techniques (e.g., Laser, Microsurgery, Robotic Surgery)

Laser Surgery

A laser may be used to perform a number of surgical procedures including excision, coagulation of bleeding vessels, cautery, and other forms of treatment. Unless a code is available specific to the procedure reported, a surgical procedure accomplished by laser should be reported under the existing code for the type surgery performed, e.g., excision, coagulation, etc. No additional allowance is made because a laser was utilized. Some examples of the types of surgery that may be reported and the appropriate codes are:

- Excision of vocal cord tumor (31540)
- Control of GI tract bleeding (43255)
- Colonoscopy with polypectomy (45385)

When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)
Microsurgery and Robotic Surgery

No additional allowance is made for the robotic or microsurgical technique.

When a doctor reports code S2900 or 69990, it will be denied as a non-covered service since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the non-covered service.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Commercial Medical Policy G-24: Obesity

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU
- Reimbursement Policy RP-006: Multiple Endoscopy Procedures

REFERENCES:


National Blue Cross Blue Shield Association Medical Policy 7.01.96, Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, 04/2006


