Bilateral and Multiple Surgical Procedures Professional Payment Policy

The following payment policy applies to Scott & White Health Plan professional providers.

Policy

Scott & White Health Plan reimburses medically necessary surgical services. Scott & White Health Plan applies multiple surgical procedures reduction when the same provider performs two or more surgical procedures, including procedures performed bilaterally, on the same Member within the same operative session.

General Benefit Information

Services and subsequent payment are based on the Member's Evidence of Coverage. Eligibility and benefit specifics should be confirmed prior to initiating services. Member eligibility can be confirmed electronically and detailed benefit coverage may be confirmed by contacting the Customer Service Center. Eligibility is subject to retroactive reporting of disenrollment by the Member's employer group.

Authorization/Notification Requirements

This policy does not supersede the Plan's authorization and/or notification requirements. For a complete description of Scott & White Health Plan's authorization and notification requirements, reference the Authorization section within the Scott & White Health Plan Provider Manual.

Billing Information

• Reference the most updated industry standard procedure codes. Scott & White Health Plan aligns with CMS guidelines in determining which procedure codes are subject to multiple procedure reduction, including bilateral procedures. Please reference the CMS Web site for specifics on procedures eligible for bilateral and multiple surgical procedures.

• Submit multiple surgical procedure code(s) on at least two claim lines/service lines.

• Append modifier 51 (multiple procedures) to all surgical procedures that are billed in addition to the primary surgical procedure**.**

• Submit bilateral surgical procedure code(s) on at least two claim lines/service lines.

• Append modifier 50 (bilateral procedure) to bilateral surgical procedure code(s) that require the use of a modifier.

Unlisted Surgical Procedure Codes

• Submit supporting clinical documentation when an unlisted procedure code is billed or the claim line(s) will deny.

• Submit the most appropriate code available to accurately describe the procedure performed. Unlisted procedure codes submitted without an attachment will be denied. Electronic claims for unlisted procedure codes will be denied, as attachments are not accepted electronically at this time.

EDI Claim Submitter Information

• Submit claims in HIPAA compliant 837P format for professional services. Claims billed with non-standard codes will reject if billed electronically.

Paper Claim Submitter Information

• Submit claims on a CMS-1500 form for professional services. Claim line(s) billed with non-standard codes will deny.

• Submit the appropriate modifier(s) after the corresponding CPT or HCPCS procedure codes in Box 24d Procedures, Services, or Supplies field.

Reimbursement

Claims are subject to payment edits that are updated at regular intervals and generally based on CMS, Specialty Society Guidelines and National Correct Coding Initiative (CCI).

Scott & White Health Plan reimburses multiple surgical procedure code(s) by paying the surgical procedure code with the lesser of billed charge or the Scott & White Health Plan maximum allowable amount at 100%. Subsequent surgical procedure code(s) that are subject to reduction logic are reimbursed at 50% of the Scott & White Health Plan maximum allowed amount.

Bilateral surgical procedures performed will typically receive the lesser of billed charges or 150% of the Scott & White Health Plan maximum allowable amount (100% for the first side, 50% for the second side).

For bilateral ***secondary*** surgical procedures, bilateral surgical adjudication logic is applied first and then the multiple surgical logic is applied. Thus the primary bilateral procedure is reimbursed at the lesser of billed charges or 150% of the Scott & White Health Plan maximum allowable amount (100% for the first side, 50% for the second side). And the second bilateral procedure at the lesser of billed charges or 75% of the Scott & White Health Plan maximum allowable amount (50% for the first side, 25% for the second).

Unlisted procedure code(s) are reviewed and appropriate reimbursement is determined based on the procedure performed and the clinical documentation submitted.

Scott & White Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the billing guidelines stated in this Payment Policy. If such an audit determines that your office/facility did not comply with this Payment Policy, Scott & White Health Plan will expect your office/facility to refund all payments related to non-compliance.