

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Surgical Techniques
POLICY NUMBER	NR-30.013

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I. DESCRIPTION/BACKGROUND

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This policy documents the payment methodology for surgical techniques.

II. DEFINITIONS

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American Medical Association (AMA) - An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Current Procedural Terminology (CPT) - The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

Healthcare Common Procedure Coding System (HCPCS) - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (for example, medical supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

Surgical Technique – The method of performing a surgical procedure.

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III. POLICY

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In certain instances, there may be more than one technique available to perform a specific surgical procedure. When available, the CPT or HCPCS code that best describes the surgical technique (i.e. laser, laparoscopic) and procedure (e.g. appendectomy, cholecystectomy) must be reported. However, when a specific CPT or HCPCS code describing the procedure and surgical technique does not exist, the CPT or HCPCS code best describing the surgery performed should be reported. Additional codes, which may represent the technique used in performance of a surgical procedure may also be reported but are not eligible for separate reimbursement.

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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N/A

V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

VI. REFERENCES

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*HCPCS Level II Expert
Optum™ 2020*

*EncoderPro for Payers
Optum™ 2020*