PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	**Payment Policy Indicators (National Physician Fee Schedule Relative Value File)**
POLICY NUMBER	**NR- 30.020**

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

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DESCRIPTION/BACKGROUND DEFINITIONS POLICY
EXCLUSIONS VARIATIONS -YES REFERENCES

I. DESCRIPTION/BACKGROUND TOP

This policy documents the payment methodology as applied by the Optum™ Claim Editing Software® (CES) which are based on indicators identified on the National Physician Fee Schedule Relative Value (RVU) File published by the Centers for Medicare and Medicaid Services (CMS).

II. DEFINITIONS TOP

Assistant at Surgery – An assisted surgery occurs when more than one surgeon is required, either for the entire process or for a partial process, in the performance of a surgical procedure.

The assistant-at-surgery must actively participate in the surgery and may not have been the primary surgeon during the same surgical procedure.

Bilateral Procedures – Procedures performed on both sides of the body during the same operative session or on the same day.

Bundled Procedures – A bundled procedure is a procedure that is always considered part of another procedure or service.

Co-Surgery – Procedure(s) that require two (2) surgeons (each in a different specialty) to perform a specific procedure or surgical procedures involving two (2) or more surgeons performing the parts of the procedure simultaneously, i.e. heart transplant or bilateral knee replacement.

Centers for Medicare and Medicaid Services (CMS) –The Centers for Medicare & Medicaid Services (CMS) is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major healthcare programs. The CMS agency oversees programs including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the state and federal health insurance marketplaces.

Global Surgery - A standard package of preoperative, intraoperative and routine postoperative care, when provided by the surgeon, a surgical associate, a surgical assistant or other qualified health care professional.

Measurement Codes – Procedure codes that can be used to facilitate data collection and are not intended to represent actual services provided.

Multiple Dermatology Procedures – Dermatologic procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed.

Multiple Endoscopy Procedures - Endoscopic procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed.

Multiple Surgical Procedures – Separate procedures performed by a single physician or physicians in the same group practice on the same patient at the same operative session or on the same day for which separate payment may be allowed.

Professional Component – This component includes the physician's supervision, Interpretation, and clinical report of the procedure

Services Not Eligible When Reported with Another Physician Service - Services payable only when there are no other services payable under the Physician Fee Schedule reported or the same patient, by the same provider and on the same date of service.

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III. POLICY

TOP

The payment amount for certain services is adjusted based on payment policy indictors i.e. assistant at surgery, team surgery, bilateral procedures, etc.) located on the National Physician Fee Schedule Relative Value (RVU) File published by the Centers for Medicare and Medicaid Services (CMS).

The following documents the payment adjustment for those services defined as eligible for each payment policy indicator Capital Blue Cross utilizes to calculate fees:

Assistant at Surgery	Reimbursed at 16% of the Plan allowance
Bilateral Surgery (Indicator = 1)	Reimbursed at 150% of the Plan allowance
Bilateral Surgery (Indicator = 3)	Reimbursed at 200% of the Plan allowance
Bundled Procedures (Status Indicator = B or P)	Not eligible for separate reimbursement consideration
Co-Surgery	Reimbursed at 62.5% of the Plan allowance
Global Surgery	Reimbursed at 100% of the Plan allowance
Measurement Codes	Not eligible for separate reimbursement consideration
Multiple Dermatology Procedures	Refer to Professional Network Reimbursement Policy NR-01.001 for more information
Multiple Endoscopy Procedures	Refer to Professional Network Reimbursement Policy NR-04.001 for more information
Multiple Surgical Procedures	Refer to Professional Network Reimbursement Policy NR-10.006 for more information
Professional and Technical Components (PCTC Indicator)	100% of the Plan allowance
Services Not Eligible when reported with another Physician Service (Status Indicator = T)	Not eligible for separate reimbursement consideration

Team Surgery	Reimbursed at 100% of the Plan allowance

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 Blue Cross unless otherwise indicated below.

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BlueJourney HMO[1] BlueJourney PPO[1]

[1]Not valid for Medicare purposes (Status Indicator = I):	Not eligible for separate reimbursement consideration. Medicare uses another code for reporting of, and payment for, these services.

VI. REFERENCES

TOP

Current and historical versions of the RVU File can be located by accessing the CMS website.

Chapter 12 of the Medicare Claims Processing Manual can be viewed by accessing the CMS website.