

Commercial Reimbursement Policy

Subject: **Overhead Expense for Office Based Surgery and Diagnostic Testing- Professional**

Policy Number: **C-13002**

Policy Section: **Surgery**

Last Approval Date: **07/20/2022**

Effective Date: **07/20/2022**

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Wellpoint member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Wellpoint may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Wellpoint allows reimbursement to a surgeon for office based surgery which includes all expenses involved in the performance of the surgery unless provider contract language or state or federal contracts and/or mandates indicate otherwise.

Wellpoint does not separately or directly reimburse any other provider or vendor that furnishes any items for or during performance of the office based surgery unless other provider or vendor has a contract with Wellpoint. The office based fee allowance that is paid to the surgeon who performs the office based surgery is inclusive of all necessary overhead expenses.

Wellpoint incorporates office based site of service differentials in its fee schedule methodologies for most routinely and commonly performed office based surgeries. Consequently, only the surgeon who performs the surgery may submit claims to the Health Plan for office based surgery and associated expenses.

In addition, the reimbursement for office based diagnostic testing includes all expenses involved in the performance of the test, including supplies, overhead, and equipment utilized to render such tests.

Related Coding
Standard correct coding applies

Policy History

07/20/2022	Biennial review approved: minor language updates
05/27/2020	Biennial review approved: policy language updated; policy statement updated
06/01/2019	New policy template: removed description section and added definition section
04/06/2018	Biennial review approved: Policy language updated to remove example
05/03/2016	Annual review: No substantial changes (wordsmithing such as adding the word “the” in Front of Health Plan to be consistent with our other policies)
05/05/2015	Annual review approved: No changes to the policy or the language
04/01/2014	Annual review approved: Updated policy language in the description section
05/02/2013	Minor revision: Correct typo; Space added to second to last line of policy section between CPT 95800-95811 is inclusive
04/02/2013	Initial policy approval and effective date

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS

Definitions

<p>Site of Service Differential</p>	<p>Difference in reimbursement, based on where the professional service is performed. Some professional services may be provided either in a facility or a non-facility. When a professional service is provided in a facility, the costs of the clinical personnel, equipment, and supplies are incurred by the</p>
-------------------------------------	--

	facility, not the physician practice. For this reason, reimbursement for professional services provided in a facility may be lower than if the services were performed in a non-facility setting.
General Reimbursement Policy Definitions	

Related Policies and Materials

None

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Wellpoint.

©2013-2024 Wellpoint Life and Health Insurance Company. All Rights Reserved.