

## **SURGICAL TRAYS AND SUPPLIES**

Policy # 14

Implementation Date: 1/1/05

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**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

### **Description**

Surgical supplies include, but are not limited to scalpels, syringes, and dressings. Surgical trays may be designed entirely for surgical supplies, or they may contain surgical supplies, and other items (e.g., medicine glass, instruments) necessary to perform a procedure.

### **COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)**

#### ***Surgical Trays***

Surgical trays are considered included in surgical procedures, Evaluation and Management services, and all other procedures or services provided in an office-based setting.

In 2002, the physician practice-expense component of the Resource Based Relative Value Study (RBRVS) became fully implemented and code A4550 was designated as a 'B' status code; 'B' status indicates bundled codes. No separate payment is made for the surgical tray by The Centers for Medicare and Medicaid Services (CMS) as the payment is included in the service and considered 'incident to'.

Because Select Health uses the RBRVS, including the practice-expense portion of the fee schedule as the primary (first) factor in determination of the maximum allowable fee (MAF), the cost of the tray represented by code A4550 and the miscellaneous surgical supply code A4649 are included in the reimbursement for procedures. Therefore, codes A4550 and A4649 will be denied as bundled codes.

#### ***Supplies and Materials***

Effective January 1, 2005, Select Health requires physicians to report supplies and materials using HCPCS Level II codes rather than Physicians' Current Procedural Terminology (CPT) code 99070. When a miscellaneous, nonspecific code, such as 99070 is reported to Select Health, the nonspecific code may allow duplicate payment, or payment for non-covered services/supplies. Code 99070 will be denied, and physicians will need to report a more specific HCPCS Level II code. If a specific HCPCS Level II code is not available, an unlisted HCPCS Level II code applicable to the section (i.e., A9999 Miscellaneous DME supply or accessory, not otherwise specified, B9999 NOC for parenteral supplies, J9999 NOC, antineoplastic drug) should be reported along with medical documentation or invoices for consideration of payment.

Many surgical supplies are considered included in a physician's service. Please refer to the "incident to" policy (policy #03) for further clarification.

Select Health considers surgical trays and other supplies to be included in the reimbursement for procedures performed in the office setting and are not separately payable.

## SELECT HEALTH MEDICARE (CMS)

Select Health Medicare will follow the commercial plan policy.

## SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care will follow the commercial plan policy.

### Applicable Codes (This is not an all-inclusive list)

Codes	Descriptions
A4550	Surgical Trays
A4649	Surgical supply; miscellaneous
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

### Sources

- Centers for Medicare & Medicaid Services (CMS). (Revised 2024, January 1). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved January 14, 2024, from <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2024-chapter-12.pdf>
- CPT® Assistant. (1994, December 1). Special Services and Reports (99000-99090). p. 26. Retrieved September 15, 2014.
- Current Procedural Terminology (CPT®)*, (2024) – American Medical Association.
- ICD-10-CM Coding Guidelines. (2024, April 1). Retrieved January 14, 2024, from [https://www.encoderpro.com/epro/rcpDocHandler.do?\\_a=view&\\_dk=ICD10\\_CM\\_Guidelines](https://www.encoderpro.com/epro/rcpDocHandler.do?_a=view&_dk=ICD10_CM_Guidelines)

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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