

IN-OFFICE PROCEDURES

Policy # 79

Implementation Date: 7/2/19

Review Dates:

Revision Dates:

Disclaimer:

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

Description

CMS (Centers for Medicare and Medicaid Services) have determined which place of service procedures are appropriate to be done in. They have created a payment methodology which determines appropriate payment based on where services are provided. When services are provided in a facility setting, the costs of the clinical personnel, equipment, and supplies are incurred and billed by the facility. When done in the office, they are incurred by the physician practice. To compensate for this difference, a site of service differential may exist on procedures that are appropriate to be done in the office. The differential will allow a higher payment to the physician when services are provided in an office setting.

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

In general, Select Health follows CMS payment methodologies for payment regarding site of service differentials. There are a handful of services that Select Health has determined will be allowed to be done in the office and paid at a higher rate. These services have been approved by Clinical Programs and Select Health. The Clinical Programs will track and approve requirements that must be met prior to submitting any claims to Select Health for reimbursement.

Anesthesia, supplies, assistant surgeon charges, and equipment charges will not be covered separately for these procedures. Payment for these will be included in the payment for the procedure.

Services where a site of service does not exist will be paid the same, regardless if done in the facility or the office, or denied when done in the office, if appropriate.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Payment and coverage are determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&%20or%20the%20manual%20website>

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Payment and coverage are determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the

Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website: <https://medicaid.utah.gov/accept>

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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