

Professional Pricing Policy		
Subject: Overhead Expense For Office Based Surgery and Diagnostic Testing		
Policy Number: HLSP-0005	Policy Section: Surgery	
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020	

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. 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. 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

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

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink's allowance for office based surgery includes all expenses involved in the performance of the surgery. HealthLink does not separately or directly allow for any other provider or vendor that furnishes any of these expense items for or during performance of the office based surgery. The office based fee allowance for the surgeon who performs the office based surgery is inclusive of all necessary overhead expenses.

HealthLink 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 HealthLink for office based surgery and associated expenses.

In addition, HealthLink's allowance 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		
N/A	N/A	Standard correct coding applies
•	•	
Exemptions		



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

Related Policies and Materials

None

References and Research Materials

This policy has been developed through consideration of the following

CMS

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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