# Procedures

Billing Information Sheet
Insured Services, Medical Services Branch

| 1. | **PROCEDURES** |
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| | **Assessment rules contained in this billing information sheet are not all inclusive but offer basic information. Please read <u>ASSESSMENT RULES</u> section of the Physician Payment Schedule.**<br>• All 'procedures' – whether surgical or diagnostic have a "classification".<br>• You can find the classification in the payment schedule on the right hand side of the service code beside the fee.<br>• Unless otherwise indicated in the service code descriptor or by exception, standard assessment rules apply.<br>• Ideally, your billing software should already be applying these rules for you.<br>• Any specific billing questions can be directed to:<br>**Physician Claim Inquiries: 306-787-3454** |
| **2.** | **CLASSIFICATION TYPES** |
| **a.** | "0" -- A 0-day procedures means there is 0 (or no) postoperative period (example: a B12 injection) |
| **b.** | "10" -- A 10-day procedure means there is a 10-day postoperative period (example: a lesion excision) |
| **c.** | "42" -- A 42-day procedures means there is a 42-day postoperative period (example: appendectomy) |
| **d.** | "D" – This indicates the procedure is considered "diagnostic" |
| **e.** | If none of these indicators are listed for a service code, it means that the procedure is considered to be "unclassified" (example: 897L – Tray service) |
| **f.** | Typically, service codes listed as "each", "add", or "per" will be paid at 100% no matter how it is classified (example: 858L – Additional lesion removal), unless otherwise indicated or by exception (example: 123D – Hemodialysis – second to fifth – each). |
| **3.** | **ASSESSMENT RULES** |
| **a.** | The assessment rules apply to the same physician (or another physician in the same specialty and clinic) unless otherwise indicated within the rule. |

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| **b.** | **<u>"0" OR "10" DAY PROCEDURE</u>**<br>**With a Visit (including Hospital Care):**<br>Whichever is the greater fee:<br>✓ Visit will be submitted at 100% and procedure will be submitted at 75%<br>**<u>OR</u>**<br>✓ The procedure alone at 100%<br><br>Examples:<br>• 5B 100% (visit service)<br>894L 75% (laceration suturing – 10 day procedure) – up to 2.5 cm<br><br>• 86L 100% (Excision of non-palpable breast lesion – 10 day procedure)<br>Rationale: 7L 100% and 86L 75% is less than the 86L at 100%<br><br>**Without a Visit:**<br>✓ Procedure will be submitted at 100%<br><br>Example:<br>• 894L 100% (laceration suturing – 10 day procedure) – up to 2.5 cm |
| **c.** | **<u>MULTIPLE "0" OR "10" DAY PROCEDURES</u>**<br>**With a Visit (including Hospital Care):**<br>Whichever is the greater fee:<br>✓ Visit will be submitted at 100% and all procedures at 75%<br>Or<br>✓ Highest procedure will be submitted at 100% and lower procedure(s) will be submitted at 75%<br>Plus:<br>✓ Additional 'add' code at 100%<br>✓ Unclassified service at 100% (for ex. 897L)<br><br>Examples:<br>• 5B 100% (visit service)<br>890L 75% (laceration suturing face – 10 day procedure) – up to 2.5 cm<br>894L 75% (laceration suturing scalp – 10 day procedure) – up to 2.5 cm<br>895L 100% (laceration suturing – "add" to 894L) – each additional 2.5 cm<br>897L 100% (tray service)<br><br>• 86L 100% (Excision of non-palpable breast lesion – 10 day procedure)<br>890L 75% (laceration suturing face – 10 day procedure) – up to 2.5 cm<br>894L 75% (laceration suturing scalp – 10 day procedure) – up to 2.5 cm<br>895L 100% (laceration suturing – "add" to 894L) – each additional 2.5 cm |

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| | **Without a Visit:**<br>✓ Highest procedure will be submitted at 100%<br>✓ Lower procedure(s) will be submitted at 75%<br>Plus:<br>✓ Unclassified service at 100% (for ex. 897L)<br><br>Example:<br>• 890L 100% (laceration suture – 10-day procedure – higher fee)<br>894L 75% (laceration suturing – 10 day procedure – lower fee) – up to 2.5 cm<br>897L 100% (tray service) |
| **d.** | **<u>"42" DAY PROCEDURE</u>**<br><br>A **<u>visit (including hospital care) or consultation on the day of a "42" Day procedure</u>** is included in the payment for the procedure when provided by the same physician or another physician in the same specialty and clinic (or part of the surgical team).<br><br>Notwithstanding the above:<br>a) when a physician admits a patient to hospital for urgent surgery on an emergency basis and later on the same day provides surgical assistant services to the surgeon to whom the case has been referred, then both the visit and surgical assistant services will be paid;<br>b) the surgeon may be paid for a consultation on the same day as a 42 day procedure when that consultation initiates the surgery and is the first patient contact;<br>c) when a surgeon provides elective surgery for a patient not seen in the preceding 30 days, then both the surgical procedure(s) (42-day procedures only) and a partial or follow-up assessment will be paid if provided (a complete assessment will not be paid).<br><br>Example:<br>• August 7 – submitted 7L (follow-up assessment)<br>August 8 – submitted 7L (follow-up assessment) and 276L (Cholecystectomy – 42 day procedure)<br><br>*The **<u>7L for August 7 will be paid</u>** but the **<u>7L for August 8 will be rejected with explanatory code ES</u>** – A follow-up visit on the day of a 42-day elective procedure, is not approved when seen by the physician within the previous 30 days. |
| **e.** | **<u>Payment for two or more "0", "10" or "42" Day procedures performed on the same day</u>** by the same physician or another physician in the same specialty and clinic (or part of the surgical team) is based on the higher procedure at 100% and all others at 75% of the appropriate listed amount, unless:<br><br>a) payment for the lesser procedure is included in the composite payment for one of the other procedures; or |

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| | b) the Payment Schedule:<br>i. lists a composite payment for the procedure(s) performed; or<br>ii. designates that the listing for the second procedure is to be paid when it is the only procedure performed; or<br>iii. lists a specific payment for additional procedures; or<br>iv. lists a specific payment for surgeons in different specialties. |
| **f.** | **Diagnostics billed with 0 and 10 day procedures on the same day are always paid at 100%.** |
| **g.** | A **diagnostic procedure performed on the day of a "42" Day procedure** by the same physician or another physician in the same specialty and clinic (or part of the surgical team) is paid at 75% of the appropriate listed amount, unless included in the composite payment for the procedure, or unless the diagnostic procedure is the greater fee. If the diagnostic procedure is a greater value than the 42 day procedure, the diagnostic procedure will be paid at 100% and the 42 day procedure at 75%. |
| **h.** | The **two days of pre-operative care in hospital are included in the payment for a "10" or "42" Day procedure** when provided by the same physician or another physician in the same specialty and clinic. |
| **i.** | **Hospital care (including other hospital inpatient visits) during the designated post-operative period of a related "10" or "42" Day procedure is included in the payment for the procedure** when provided by the same physician, a general practitioner in the same clinic, or a specialist in the same specialty and clinic. Visits after the discharge of the patient may be billed. |
| **j.** | A **diagnostic procedure** performed by the same physician, a general practitioner in the same clinic, or a specialist in the same specialty and clinic **within the post-operative period of a related "10" or "42" Day procedure** is paid at 75% of the appropriate listed amount. |
| **k.** | A **subsequent "0", "10" or "42" Day procedure within the designated post-operative of a related procedure** is paid at 75% of the appropriate listed amount, unless the Payment Schedule stipulates otherwise. |