



Administrative Policy

Subject: Global Surgical Reimbursement Methodology – Facility

Effective Date: April 16, 2021

Disclaimer

These 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 member's Wellpoint Life and Health Insurance Company (Wellpoint) 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. 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 both Participating and Non-Participating providers. 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These policies may be superseded by Provider or State contract language, or State, Federal requirements or mandates.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 recover claims payment to the effective date, in accordance with the policy. Wellpoint reserves the right to review and revise these policies periodically when necessary. When there is an update we will publish the most current policy to the website.

Policy

Claims submitted with surgical codes that are on the Global Surgical fee schedule will be reimbursed based on the family cluster of the code and the scheduled allowed rate using the following methodology:

- Claims billed with a single surgical code found on the fee schedule will be reimbursed at the code's allowed rate for the claim.
- Claims with multiple surgical codes in the **same** family cluster will be reimbursed at the highest allowed rate of the billed codes in the cluster.
- Claims with multiple surgical codes in **different** family clusters will allow for the full global fee for each procedure code.
- If one of the surgical procedure codes is not on the global fee schedule, the claim will price at the facility's default percentage discount. The discount would be the outpatient percentage rate for the facility.
- When the allowed amount (global fee) is higher than the billed amount, the reimbursement will pay the lesser of the eligible billed charge or the scheduled allowed rate.

Use of Reimbursement 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. 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.