

DEPARTMENT: Coding Reimbursement APPROVED DATE: 10/01/2017

POLICY DESCRIPTION: Reimbursement for Surgical Trays

EFFECTIVE DATE: 1/1/2017

PAGE: 10f 1 REPLACES POLICY DATED: 1/03/03, 03/06/97

REFERENCE NUMBER: P-18 RETIRED DATE:

SCOPE: Network Management, Claims, Customer Service, Sales and Finance

PURPOSE: Notification of Surgical Trays policy.

POLICY: PreferredOne will not allow separate reimbursement for surgical trays associated with any procedures performed either in the physician's office or in a facility setting.

PROCEDURE:

- 1. This policy applies to both facility UB04 and professional HCFA 1500 claims.
- 2. Surgical trays are considered part of the primary procedure and should not be reported as a separate line item when procedures are performed in the physician office setting or in a facility setting.
- Separate payment will no longer be made for a surgical tray (code A4550 or 99070). These code have a status of "B" and will be bundled and/or packaged for facilities and clinics.

DEFINITIONS:

REFERENCES: