

SCOPE PROCEDURES CONVERTED TO OPEN PROCEDURES

Policy # 38

Implementation Date: 1/1/04

Review Date:

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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

During the performance of an endoscopy, laparoscopy, arthroscopy, or thoracoscopy procedure, there may be an occasion when the procedure will need to be converted to another procedure (i.e., open procedure).

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

Select Health **will follow CMS guidelines**. When any scope procedure is attempted and fails, and another procedure is necessary during the same encounter (i.e., usually an open procedure), only the open procedure is reportable. In this circumstance, neither a surgical nor a diagnostic endoscopic procedure should be reported in addition to the open procedure.

- Modifier -53 (discontinued procedures), is not valid for the discontinued "scope" procedure.
- Modifier -22 (unusual procedural services), is not appropriate to identify the conversion from a scope procedure to an open procedure. It would be appropriate to use if the documentation supports other unusual procedural services not associated with the conversion process.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy**.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy**.

Sources

1. Current Procedural Terminology (CPT®), (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
3. National Correct Coding Policy Manual – Part B Medicare, Chapter 1 (Revised January 1, 2014). Retrieved September 10, 2014. From <http://www.cms.hhs.gov/NationalCorrectCodInitEd/> click on the NCCI Policy Manual for Part B Medicare Carriers [MS Word, Zipped 163KB] chapter 1

Disclaimer

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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.

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