

## SCOPE PROCEDURES CONVERTED TO OPEN PROCEDURES

Policy # 38

Implementation Date: 1/1/04

Revision Dates: 4/1/06, 2/5/07, 9/11/14

### Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) 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

SelectHealth **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.

### SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy**

### SelectHealth Community Care (Medicaid)

SelectHealth 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](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

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract.

Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

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.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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