



# BlueCross BlueShield of Vermont

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## OPERATING AND RECOVERY ROOM SERVICES AND SUPPLIES CORPORATE PAYMENT POLICY

APPROVED 01.16.2018

**File Name:** CPP\_15 Operating & Recovery Room Services & Supplies Payment Policy

**File Link:** [CPP\\_15 OR RR Services Supplies Payment Policy APPROVED by HVIC 1.16.18.FINAL.docx](#)

**Policy No.:** CPP\_15

**Origination:** Health and Value Improvement Committee Leadership (HVIC) Forum

**Last Review:** N/A (new policy)

**Next Review:** 01/2020 (bi-annual)

**Effective Date:** April 1, 2018

### Document Precedence

The BCBSVT Payment Policy Manual was developed to provide guidance for providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member/employer contracts, provider contracts, BCBSVT corporate medical policies, and McKesson's ClaimCheck logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the member contracts or employer benefit documents, the member contract/employer benefit document language shall take precedence.
- 2) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and provider contract language, the provider contract language shall take precedence.
- 3) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and corporate medical policy, the corporate medical policy shall take precedence.
- 4) To the extent that there may be any conflict between the BCBSVT Payment Policy Manual and the McKesson's ClaimCheck audit solution, the McKesson's ClaimCheck audit solution shall take precedence.

### Payment Policy

#### Description

Operating Room (OR) charges reflect the services provided to patients by specifically-trained nursing personnel, or other qualified professionals employed by the facility, who assist a surgeon in the performance of a surgical procedure. Additionally, OR charges include any other services and supplies specifically related to a surgical procedure.

Professional fees of the surgeon and anesthesiologists are outside the scope of this policy.

A recovery room is a unit equipped for the care and observation of patients immediately following anesthesia administered during a surgical procedure.



## Policy

### Operating Room

The operating room (OR) reimbursement will be based on time following the provider contract. Time should be calculated from the time the patient enters the operating room until the patient leaves the operating room, as documented in the OR nurse's note. The operating room reimbursement will include the cost of the following (not an exhaustive list):

- Use of operating room
- Any supplies, items, and services that are necessary or otherwise integral to the provision of a specific service and/or to the delivery of services in a specific location; such are considered routine services and not separately billable in the inpatient and outpatient environments
- All reusable items, supplies, and equipment that are provided to all patients during an inpatient or outpatient admission are not separately billable
- Intra-operative services that are a usual and medically necessary part of the surgical procedure
- All nursing care (preoperative, intra-operative and post-operative)
- Preparation (set-up) charges
- Special procedures room charge
- Standard equipment and supplies included in all surgical procedures. Per Centers for Medicare and Medicaid Services (CMS) Addendum B OPPS Payment by HCPCS code, only supplies or items designated with either a "N" or H" status indicator should be reported with a separately billable HCPCS code on the claim; see <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>
- The services of qualified professional and technical personnel
- Linen packs, instrument packs, post-op dressings, equipment, and routine supplies such as sutures/staples, gloves, dressings, prep kits, drapes, surgical attire, perfusion equipment, all closure supplies, trays, robotic devices, monitoring equipment and supplies, fluoroscopy, anesthesia equipment, etc.
- Clean-up charges

### Recovery Room

Recovery room charges include all utilized and available services and equipment necessary for the patient's welfare and safety during his/her confinement in the recovery room. All monitoring charges, including equipment, are included in the reimbursement of the recovery room fee.

The reimbursement includes, but is not limited to, all services rendered by hospital staff and or personnel in the recovery room, EKG monitoring, pulse oximeter, blood pressure monitoring, nursing care, nursing supervision, equipment and supplies (disposable or reusable), oxygen, emergency equipment, medication administration, monitoring of conscious sedation, local anesthesia, general anesthesia, and IV sedation, etc. These services and supplies should not be billed separately.



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### **Not Eligible for Payment**

Admission to observation level of care or extended recovery under revenue code 0710 and transferring patients to a nursing unit is not eligible for reimbursement. These services are considered inclusive to the surgical procedure.

Although a supply may be assigned a HCPCS code, this does not mean that the supply item will be separately reimbursed.

### **Eligible Services**

See Policy section above.

### **Benefit Determination Guidance**

Payment for services provided in the operating room and recovery room is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible operating room and recovery room services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

### **Federal Employee Program (FEP):**

Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

### **Inter Plan Programs (IPP):**

In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (BCBSVT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.



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### **National Drug Code(s)**

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on BCBSVT requirements for billing of NDC please refer to the provider portal at <http://www.bcbsvt.com/provider-home> for the latest news and communications.

### **Eligible Providers**

Qualified healthcare professionals practicing within the scope of their license(s).

### **Audit Information**

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

### **Related Policies**

CPP\_04 Robotic & Computer Assistive Devices Payment Policy  
CPP\_07 Observation Services Payment Policy

### **Policy Implementation/Update Information**

New policy



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**Approved by**

**Date Approved: January 16, 2018**

**Health & Value Improvement Committee**

A handwritten signature in blue ink, appearing to read "Andrew Garland".

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Andrew Garland

Vice President, Client Relations & External Affairs

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Joshua Plavin, M.D., MPH

Vice President & Chief Medical Officer

Executive Sponsor Health & Value Improvement Committee (HVIC)

