

WAC 182-531-1700 Surgical physician-related services. (1) The agency's global surgical reimbursement for all covered surgeries includes all of the following:

- (a) The operation itself;
- (b) Postoperative dressing changes, including:
 - (i) Local incision care and removal of operative packs;
 - (ii) Removal of cutaneous sutures, staples, lines, wire, tubes, drains, and splints;
 - (iii) Insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, nasogastric and rectal tubes; or
 - (iv) Change and removal of tracheostomy tubes.
- (c) All additional medical or surgical services required because of complications that do not require additional operating room procedures.

(2) The agency's global surgical reimbursement for major surgeries, includes all of the following:

- (a) Preoperative visits, in or out of the hospital, beginning on the day before surgery; and

- (b) Services by the primary surgeon, in or out of the hospital, during a standard ninety-day postoperative period.

(3) The agency's global surgical reimbursement for minor surgeries includes all of the following:

- (a) Preoperative visits beginning on the day of surgery; and
- (b) Follow-up care for zero or ten days, depending on the procedure.

(4) When a second physician provides follow-up services for minor procedures performed in hospital emergency departments, the agency does not include these services in the global surgical reimbursement. The physician may bill these services separately.

(5) The agency's global surgical reimbursement for multiple surgical procedures is as follows:

- (a) Payment for multiple surgeries performed on the same client on the same day equals one hundred percent of the agency's allowed fee for the highest value procedure. Then,

- (b) For additional surgical procedures, payment equals fifty percent of the agency's allowed fee for each procedure.

(6) The agency allows separate reimbursement for any of the following:

- (a) The initial evaluation or consultation;
- (b) Preoperative visits more than one day before the surgery;
- (c) Postoperative visits for problems unrelated to the surgery;

and

- (d) Postoperative visits for services that are not included in the normal course of treatment for the surgery.

(7) The agency's reimbursement for endoscopy is as follows:

- (a) The global surgical reimbursement fee includes follow-up care for zero or ten days, depending on the procedure.

- (b) Multiple surgery rules apply when a provider bills multiple endoscopies from different endoscopy groups. See subsection (4) of this section.

- (c) When a physician performs more than one endoscopy procedure from the same group on the same day, the agency pays the full amount of the procedure with the highest maximum allowable fee.

- (d) The agency pays the procedure with the second highest maximum allowable fee at the maximum allowable fee minus the base diagnostic endoscopy procedure's maximum allowed amount.

(e) The agency does not pay when payment for other codes within an endoscopy group is less than the base code.

(8) The agency restricts reimbursement for surgery assists to selected procedures as follows:

(a) The agency applies multiple surgery reimbursement rules for surgery assists. See subsection (4) of this section.

(b) Surgery assists are reimbursed at twenty percent of the maximum allowable fee for the surgical procedure.

(c) A surgical assist fee for a registered nurse first assistant (RNFA) is reimbursed if the nurse has been assigned a provider number.

(d) A provider must use a modifier on the claim with the procedure code to identify surgery assist.

(9) The agency bases payment splits between preoperative, intraoperative, and postoperative services on medicare determinations for given surgical procedures or range of procedures. The agency pays any procedure that does not have an established medicare payment split according to a split of ten percent - eighty percent - ten percent respectively.

(10) For preoperative and postoperative critical care services provided during a global period refer to WAC 182-531-0450.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-04-039, § 182-531-1700, filed 1/25/17, effective 2/25/17. WSR 11-14-075, recodified as § 182-531-1700, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 10-19-057, § 388-531-1700, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 01-01-012, § 388-531-1700, filed 12/6/00, effective 1/6/01.]