If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of TX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. Blue Cross and Blue Shield of TX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Surgical and Non-Surgical Services

Policy Number: TXCPCP03

Version 4.0

Texas Clinical Payment and Coding Policy Committee Approval Date: 5/30/2024

Plan Effective Date: September 6, 2024

Description

The purpose of this policy is to provide a definition of surgery and guidance on what is considered a non-surgical service.

The American Medical Association adopted the definition of surgery from the American College of Surgeons. ***Surgery*** is defined as- "Performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system also is considered to be surgery (this does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician). All of these surgical procedures are invasive, including those that are performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel."

Non-Surgical Services

Non-surgical services are those which diagnose, measure, or treat problems for disease or injury that do not require surgery. These services are non-invasive and therefore would not require an incision into the body or the removal of tissue. The following examples are not an all-inclusive list of non-surgical/non-invasive services or procedures:

- Tests, X-rays and/or scans
- Cosmetic procedures that are non-surgical (e.g., facial peels)
- Physical examinations
- Rehabilitative procedures or allied health therapies that help restore a person's physical function.
- Evaluation and Management (E/M) services

Reimbursement Information:

- Providers must append the appropriate modifier to all services or procedures. Additionally, appropriate modifiers must be appended to reflect when a supervising physician is billing on behalf of a mid-level provider or other qualified surgical assistants for surgical and non-surgical services. For more information on appropriate modifiers, see **CPCP023 Modifier Reference Policy**.
- Supplies that are necessary or otherwise integral to the provision of a specific service and/or the delivery of a service(s) in a specific location are considered routine and are ineligible for separate reimbursement.
- CPT codes listed in the *Surgery* section of the CPT book **(10004-69990)**, and additional related HCPCS codes (e.g., some HCPCS Level II **G codes**) are surgical procedure codes.
- Codes submitted for non-surgical services (e.g., lab tests, radiology procedures, evaluation and management services etc.) that are performed on the same date of service as surgical codes must include the appropriate modifier(s) as applicable to indicate when the services are staged, related, or unrelated, or separate and distinct.
- If surgical procedure codes are billed during the global period with a global day indicator of 0, 10, 90, YYY or ZZZ, supporting documentation must be submitted. For more information, see **CPCP014 Global Surgical Package-Professional Providers**.
- For additional information not covered in this policy, providers should review guidance for surgical services or procedures in the most recent AMA CPT codebook.

The plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement. For additional information related to this policy, please refer to the Plan's website, Provider Customer Service or contact your Network Management Office.

Additional Resources:

CPCP014 Global Surgical Package-Professional Providers

CPCP023 Modifier Reference Policy

References:

AMA Policy Finder- Surgery. Accessed March 25, 2024. https://policysearch.ama-assn.org/policyfinder/detail/surgery?uri=%2FAMADoc%2FHOD.xml-0-4317.xml

Policy Update History:

3/25/2021	New policy
3/08/2022	Annual update
3/02/2023	Annual update
05/30/2024	Annual update