ONE OR MORE SESSIONS POLICY (CES)

Policy Number: ADMINISTRATIVE 242.14C T0 **Effective Date**: June 1, 2020

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Related Policy

- Global Days

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

OVERVIEW

Certain Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code descriptions support reimbursement only once during the Defined Treatment Period. Per CPT, these codes include treatment at one or more sessions that may occur at different patient encounters. These codes should only be reported once during the Defined Treatment Period unless reported with an appropriate modifier.

For the purposes of this policy, the Same Physician or Other Qualified Health Care Professional includes physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification Number (TIN).

REIMBURSEMENT GUIDELINES

Oxford will reimburse a CPT or HCPCS code only once during the Defined Treatment Period.

The Defined Treatment Period mirrors the National Physician Fee Schedule (NPFS) global fee period. Multiple submissions of the same CPT or HCPCS code by the Same Physician or Other Qualified Health Care Professional for the same patient during the Defined Treatment Period will be denied as part of the global service unless an appropriate modifier is reported. Refer to the Modifiers and Applicable Codes sections of this policy.

Services addressed in the Reimbursement Policy titled *One or More Sessions* may also be subject to global surgical package guidelines. Refer to the Reimbursement Policy titled Global Days policy for additional information.

Modifiers

Modifiers offer the physician or healthcare professional a way to identify that a service or procedure has been altered in some way. Under appropriate circumstances, modifiers should be used to identify unusual circumstances, staged or related procedures, distinct procedural services or separate anatomical location(s).

Oxford recognizes the following designated modifiers, when appropriately reported, under this reimbursement policy: LT, RT, 50, 52, 53, 54, 55, 56, 79

DEFINITIONS

Defined Treatment Period: The timeframe that corresponds with the global fee period assigned to a code on the National Physician Fee Schedule Relative Value File. The global fee period is the number of days during which all necessary services normally furnished by a physician (before, during, and after the procedure) are included in the reimbursement for the procedure performed.

Same Specialty Physician or Other Qualified Health Care Professional: Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification Number (TIN).

QUESTIONS AND ANSWERS

1	**Q:**	What happens if the Same Physician or Other Qualified Health Care Professional had to discontinue or reduce the first surgery, but was able to complete the surgery the second time within the same Defined Treatment Period?
	A:	If the first surgical procedure was reported with a modifier 52 or 53, upon submission of a second unmodified global code within the same Defined Treatment Period, the partial reimbursement will be adjusted and the global code will be reimbursed.
2	**Q:**	What happens if the Same Physician or Other Qualified Health Care Professional performs the surgery on one eye then performs the surgery on the other eye two weeks later (within the same Defined Treatment Period)?
	A:	In this case, it is critical that the anatomic modifiers (LT and/or RT) be used appropriately to indicate the eye upon which the surgery was performed with each submission. The subsequent procedure will be considered for reimbursement when appropriate modifiers are reported.
3	**Q:**	What happens if a different surgeon performs subsequent surgeries in the same Defined Treatment Period?
	A:	If the Same Specialty Physician or Other Qualified Health Care Professional is reporting with the same Federal Tax Identification number (TIN), subsequent surgeries will be denied within the same Defined Treatment Period. If the physician or other qualified health care professional is a different specialty and/or different TIN, subsequent surgeries will be considered for reimbursement.
4	**Q:**	When does the Defined Treatment Period of a procedure begin and end?
	A:	The Defined Treatment Period begins the day of the procedure and then 10 or 90 days before the procedure and following the procedure, beginning the first day of the procedure. Example: A procedure having a Defined Treatment Period of 90 days is performed on 10/1. Procedures reported on 10/1 and during the 90-day treatment period before and after (7/3 through and including 12/30) are included in the treatment period.

APPLICABLE CODES

Modifiers										
LT	RT	50	52	53	54	55	56	79		

CPT Code	Treatment Period
Codes with a Defined Treatment Period	
61796	90
61798	90
62263	10
62264	10
63620	90
66762	90
66821	90
66840	90
67031	90
67141	90
67145	90
67208	90
67210	90
67218	90
67220	90
67229	90

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [*2020R0118A*]

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
06/01/2020	• Removed code descriptions • Archived previous policy version ADMINISTRATIVE 242.12C T0