

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-059  
**Subject:** Associated Services  
**Effective Date:** January 15, 2021      **End Date:**  
**Issue Date:** June 12, 2023      **Revised Date:** June 2023  
**Date Reviewed:** May 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides guidelines on the denial of, or recoupment of, reimbursement for services related to, or associated with, services denied by the member's benefits. This policy applies to professional, and facility claims.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

If the principal procedure, visit, or service is denied by the member's benefit Plan as a non-covered service, all related or associated services to the denied principal service will also be denied. In addition, we will not allow providers or members to retain reimbursement from the Plan for these associated claims. This applies to both professional and facility claim types, regardless of how the original denied service was submitted.

Any service provided in relationship to the denied surgery will also be denied (e.g., anesthesia, laboratory procedures, evaluation and management services, hospital services supplies, and medications).

**Note:** If other services are provided not related to the denied procedure, but billed in conjunction with the denied service, the Plan will carefully consider and separate those services during the review process to ensure eligible services are paid or remain paid.

Services deemed to be related, or specifically supplied for the purpose of providing a denied medical or surgical service will not be eligible for reimbursement when billed:

- by the same or different provider, or
- on the same or different claim

The following services deemed to be related or associated to the denied services will not be eligible for reimbursement:

1. **Anesthesia services** provided on the same date of service as a denied surgical service (refer to commercial medical policy A-1 Anesthesia Provided in Conjunction with Non-covered Services)
2. **Assistant Surgery, Co-Surgery, Team Surgery services** reported with modifiers 80, 81, 82, AS, 62 and 66, on the same date of service as a denied surgical service
3. **Evaluation and management (E&M) services** reported for the sole purpose of providing E&M services related to a denied service
4. **Pathology claims** reported with the same diagnosis as the denied service
5. **Radiology services** directly related to a denied medical or surgical service
6. **Facility services** used to provide the denied surgical or medical service
7. **Laboratory and/or diagnostic medical procedures** directly related to the denied medical or surgical service
8. **Office, facility, or DME supplies** provided and directly related to a denied service
9. **Injection/infusion** services provided and directly related to a denied service
10. **Contrast media** expenses/services provided and directly related to a denied service
11. **Drugs** provided pre-operatively, intra-operatively, or post-operatively and directly related to a denied surgery or drugs provided for the purpose of providing a denied treatment

The Plan may deny or recoup prior payment made for services deemed to be related to a denied medical or surgical service, based on the criteria outlined above.

**Note:** Associated services outlined in this reimbursement policy are considered non-covered services and not billable to the member (balance billing). **A network provider can only bill the member for the non-covered service(s) if the provider obtains advance written notice (signed consent) informing the member the primary procedure and the dependent associated service(s) are non-covered by the Plan.** The member **must** be provided with a written estimate of the cost of the non-covered service(s) **prior to** the delivery of those services. The member must agree in writing to assume financial responsibility in advance of receiving the services if the service is a non-covered benefit. The signed agreement is required to be maintained in the member's records and delivered to the Plan upon request.

#### **MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

The Plan follows and adheres to guidelines as directed by the Centers for Medicare and Medicaid Services (CMS) in relation to services associated with a Medicare non-covered service. See Medicare Benefit Policy Manual Claims Chapter 1, section 120.

**REFERENCES:**

- Centers for Medicare and Medicaid Services; Medicare Benefit Policy Manual Claims Chapter 1, section 120. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>

**RELATED POLICIES:**

Refer to the following Commercial Medical Policies for additional information:

- A-1: Anesthesia Provided in Conjunction with Non-covered Services
- Z-67: Experimental / Investigational Services

Refer to the following Reimbursement Policies for additional information:

- RP-001: Assistant Surgery
- RP-002: Co-Surgery
- RP-035: Correct Coding Guidelines
- RP-037: Emergency E&M Services
- RP-052: Surgical Team

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-059  
**Subject:** Associated Services  
**Effective Date:** January 15, 2021      **End Date:**  
**Issue Date:** January 3, 2022      **Revised Date:** January 2022  
**Date Reviewed:** October 2021  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides guidelines on the denial of, or recoupment of, reimbursement for services related to, or associated with, services denied by the member's benefits. This policy applies to professional and facility claims.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

If the principal procedure, visit, or service is denied by the member's benefit Plan as a non-covered service, all related or associated services to the denied principal service will also be denied. In addition, we will not allow providers or members to retain reimbursement from the Plan for these associated claims. This applies to both professional and facility claim types, regardless of how the original denied service was submitted.

Any service provided in relationship to the denied surgery will also be denied (e.g. anesthesia, laboratory procedures, evaluation and management services, hospital services supplies, and medications).

**Note:** If other services are provided not related to the denied procedure, but billed in conjunction with the denied service, the Plan will carefully consider and separate those services during the review process to ensure eligible services are paid or remain paid.

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#### **MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

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#### **REFERENCES:**

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<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>

#### RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-67: Experimental / Investigational Services
- A-1: Anesthesia Provided in Conjunction with Non-covered Services

Refer to the following Reimbursement Policies for additional information:

- RP-001: Assistant Surgery
- RP-002: Co-Surgery
- RP-052: Surgical Team
- RP-037: Emergency E&M Services

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-059  
**Subject:** Associated Services  
**Effective Date:** January 15, 2021  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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- Centers for Medicare and Medicaid Services; Medicare Benefit Policy Manual Claims Chapter 1, section 120. Retrieved from:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>

#### RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Z-67: Experimental / Investigational Services
- A-1: Anesthesia Provided in Conjunction with Non-covered Services

Refer to the following Reimbursement Policies for additional information:

- RP-001: Assistant Surgery
- RP-002: Co-Surgery
- RP-052: Surgical Team
- RP-037: Emergency E&M Services

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-059  
**Subject:** Associated Services  
**Effective Date:** January 15, 2021      **End Date:**  
**Issue Date:** November 9, 2020      **Revised Date:**  
**Date Reviewed:**  
**Source:** Reimbursement Policy

**Applicable Commercial Market**      PA       WV       DE   
**Applicable Medicare Advantage Market**      PA       WV   
**Applicable Claim Type**      UB       1500

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**REFERENCES:**

- Centers for Medicare and Medicaid Services; Medicare Benefit Policy Manual Claims Chapter 1, section 120. Retrieved from:  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf>

**RELATED HIGHMARK POLICIES:**

Refer to the following Medical Policies for additional information:

- Commercial Medical Policy Z-67: Experimental / Investigational Services
- Commercial Medical Policy A-1: Anesthesia Provided in Conjunction with Non-covered Services

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-001: Assistant Surgery
- Reimbursement Policy RP-002: Co-Surgery
- Reimbursement Policy RP-052: Surgical Team
- Reimbursement Policy RP-037: Emergency E&M Services

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2021	Implementation
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HISTORY