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| Billing and Reimbursement Guideline: | Venous Procedures with Surgery |
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| Guideline Publication Date: | September 1, 2010 |
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Key coding, documentation and reimbursement points include:

- Separate payment is not allowed for venous procedures when billed with colonoscopic procedures as these are considered components of or incidental to the actual service performed.
- Separate payment is not allowed for venous procedures when billed with endoscopic procedures as these are considered a component or incidental to the actual service performed.
- Separate payment is not allowed for venous procedures when billed with sigmoidoscopy procedures as these are considered components of or incidental to the actual service performed.
- This guideline applies to both CMS-1500 and UB-92 claim submissions.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

Version History

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9/1/2013

Format change, minor edits