



Preoperative Insurance Information about Hip Arthroscopy

Before we schedule your surgery, there is information about insurance that you need to be aware of:

Most insurance companies do cover the surgical correction of Femoroacetabular Impingement (FAI) and/or Labral Repair. There are some insurance companies that have medical criteria that have to be met in order to have full coverage under your normal benefits. If your insurance company has such criteria, we will discuss those criteria with you. Procedures will be deemed not medically necessary if the criteria are not met.

There are unlisted arthroscopic procedures (CPT code 29999) that are considered investigational/unproven by certain insurance companies. It is possible that your insurance carrier may not pay for your arthroscopic hip surgery related to an unlisted procedure.

When insurance does not provide coverage for services they consider to not be medically necessary and/or investigational/unproven, the patient becomes financially responsible for all costs related to the surgical procedure. This would include Dr. Byrd's fees, Baptist Plaza Surgicare (the outpatient surgery center), Anesthesia Medical Group. Listed below are the CPT codes and descriptions for all the potential procedures that may be performed by Dr. Byrd. It cannot be determined prior to surgery exactly which procedures that will definitely be necessary but we will discuss the ones we think will be pertinent to your case.

CPT Codes for Arthroscopic Hip Surgery: (Outpatient)

- 29861** Arthroscopy, hip, surgical; with removal of loose or foreign body
- 29862** Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or **resection** of labrum
- 29863** Arthroscopy, hip, surgical; with synovectomy
- 29914** Femoroplasty- The femoral head (ball) is reshaped to recreate its spherical form, removing a cam lesion (bone spur)
- 29915** Acetabuloplasty- The acetabulum (socket) is reshaped to eliminate any extra bone (pincer lesion)
- 29916** Labral Repair- Labral **repair** is performed using suture anchors to reattach the torn cartilage to the rim of the hip socket
- 29999** Unlisted Procedures: Arthroscopic Iliopsoas Tendon Release, Gluteus Repair, Trochanteric Bursotomy, Piriformis Release, Quadratus Femoris Release, Fixation of bone fragment (utilizing screws)

When we schedule your surgery we will need you to sign a waiver acknowledging you understand this information about insurance and apply a surgical deposit of \$_____.

Patient initials_____



Hip Arthroscopy Surgical Policy

Prior to surgery, we will contact your insurance in attempt to obtain pre-certification and/or pre-authorization. Please note that authorization is not a guarantee of payment and insurance may not authorize procedures that are deemed experimental. After the surgery, as a courtesy to you, we will file a claim to your insurance company with a copy of the operative report and a description of services for any unlisted procedures. After the insurance company provides us with an explanation of benefits, you will be billed for any outstanding co-pays, co-insurance, and deductible amounts for covered procedures, and/or the Self-Pay rate for all non-covered procedures performed. If the patient responsibility is less than the pre-paid surgery deposit, a refund will be issued.

If you do not have insurance or your insurance will not cover your surgery you are called "Self-pay." Self-pay fees are:

CPT Code

29861, 29862, 29863 \$2,000

Basic hip arthroscopy

29861, 29862, 29863, 29914 or 29915 \$3,000

Basic hip arthroscopy, Acetabuloplasty or Femoroplasty (correcting a pincer or cam lesion)

29861, 29862, 29863, 29914 and 29915 \$4,000

Basic hip arthroscopy, Acetabuloplasty and Femoroplasty (correcting a pincer and cam lesion)

Other Procedures

29916 \$1,000

Labral Repair

29999 \$1,000 for each procedure

Iliopsoas Tendon Release, Trochanteric Bursectomy

29999 \$2,000 for each procedure

Fixation of Bone Fragment, Gluteus Repair, Piriformis Release, Quadratus Femoris Release, IT Band Release

The fees for most impingement cases range from \$4,000 - \$6,000. Complex cases can cost more. Payment plans are available.

In addition to Dr. Byrd's fees, there are outside fees for any diagnostic testing at Baptist Hospital, the operating room at Baptist Plaza Surgicare (the outpatient surgery center), Anesthesia Medical Group, and physical therapy. We can provide a quote to you for these fees so that you can plan accordingly. Please fill out the attached form and return with your surgery deposit and the surgery coordinator will be in contact with you to schedule your surgery. Please contact us if you have any questions.

Patient initials_____



Hip Arthroscopy Non-Covered Service Waiver

Patient Name _____ DOB: _____
Responsible Party (if minor) _____

Enclosed is my surgery deposit of \$_____.
(May pay online at www.nsmoc.com)

Check Money Order
 Credit Card _____
Expiration Date ____/____ Credit Card Verification Code _____
Billing Zip Code _____ Name on Card _____

I want to proceed with hip arthroscopy surgery. Please contact me to schedule my surgery. My contact numbers are:

Daytime (____) _____ - _____ Home Cell Work
Daytime (____) _____ - _____ Home Cell Work
Evening (____) _____ - _____ Home Cell Work

Non-Covered Service Waiver

I understand that my insurance company will be billed for an official decision on payment for all procedures performed; however, I understand that they may consider these procedures not medically necessary and/or experimental/investigational/unproven and non-covered.

I understand that if my insurance company does not provide reimbursement, I am responsible for payment at the self-pay rate. If the insurance company does provide coverage, I understand I will be responsible for all co-pays, co-insurance, and deductible amounts for covered procedures, and the self-pay rate on all non-covered procedures. Once an explanation of benefits has been received from the insurance company, if the patient responsibility amount is less than the pre-paid surgery deposit, I understand I will be refunded any overpayments.

I understand that if insurance denies coverage, I will also be financially liable for expenses incurred at Baptist Hospital, Baptist Plaza Surgicare and with Anesthesia Medical Group.

Signature of Responsible Party

Date