

International Center for Atresia and Microtia Reconstruction

At the California Ear Institute

Fee and Payment Information

Last Updated September 1st, 2009

Surgery fees include one pre-operative check up and 90 days of post-operative appointments.

Atresia Repair (only) Surgery

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>
Atresia Repair surgery fee	\$15,500	California Ear Institute
Atresia repair facility fee (standalone procedure)	\$6200	Waverly Surgery Center
PORP or TORP ossicular prosthetic	\$700	Waverly Surgery Center
Anesthesiology fee for atresia repair	\$1300	Associated Anesthesiologists

Atresia Repair combined with Medpor Surgery

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>
Atresia Repair surgery fee	\$20,500	California Ear Institute
PORP or TORP ossicular prosthetic	\$1275	Waverly Surgery Center
Medpor Surgery Fee (Dr. Reinisch)	\$25,000	California Ear Institute
Medpor Surgery Fee (Dr. Lewin)	\$20,000	California Ear Institute
Combined atresia repair / Medpor facility fee	\$15,085	Waverly Surgery Center
Anesthesiology fee combined atresia repair / Medpor	\$3800	Associated Anesthesiologists
Fat Transfer add-on surgery fee	\$1500	California Ear Institute
Fat Transfer add-on facility fee	\$1000	Waverly Surgery Center
Fat Transfer add-on anesthesiology fee	\$400	Associated Anesthesiologists
Prosthetic titanium ossicles add-on anesthesiology fee	\$200	Associated Anesthesiologists

BAHA Surgery

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>
BAHA implantation surgery fee	\$3000	California Ear Institute
BAHA device fee (L8690)	\$9000	Waverly Surgery Center
BAHA or VORP facility fee (standalone procedure)	\$4000	Waverly Surgery Center
Sleeper BAHA facility fee	\$2000	Waverly Surgery Center

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(as add on to atresia repair surgery)		
Anesthesiology fee for BAHA implantation	\$900	Associated Anesthesiologists

VORP Surgery

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>
VORP implantation surgery fee	\$5000	California Ear Institute
VORP device fee (V5095)	\$14000	California Ear Institute
VORP facility fee	\$5200	Waverly Surgery Center
Anesthesiology fee for VORP implantation	\$1100	Associated Anesthesiologists

California Ear Institute clinic visits / consultations

<u>Description</u>	<u>Amount</u>	<u>Payable To</u>
In person Atresia repair consultation	\$275	California Ear Institute
CT scan	\$400	California Ear Institute
Air / Bone Audiogram	\$150	California Ear Institute or Let Them Hear Foundation, depending on age of child
BAHA Consultation	\$150	California Ear Institute

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Deposit Instructions

Beginning March 1, 2008, combined atresia/repair Medpor reconstruction surgery dates can only be confirmed when accompanied by a \$5000 deposit to the California Ear Institute. Four surgeons and two nurses, several of whom have travel and hotel accommodation expenses, are involved with every surgery. Therefore, last minute changes in surgery dates are ***extremely*** disruptive and unfair to other patients who are on long waiting lists. Because of this, the deposit will only be returned as follows:

- Cancellation more than 90 days before date of surgery 95 % refund (\$4750)
- Cancellation 61 to 90 days before date of surgery 75 % refund (\$3750)
- Cancellation 31 to 60 days before date of surgery 50 % refund (\$2500)
- Cancellation 15 days before surgery 25 % refund (\$1250)
- Cancellation less than 15 days before surgery no refund

Please send the deposit check to:

Atresia Repair Surgery Coordinator
California Ear Institute
1900 University Avenue, Suite 101
E. Palo Alto, CA 94303

The deposit check should be accompanied by the complete set of California Ear Institute patient demographic forms, located at the "New Patient Forms" section at <http://www.californiaearinstitute.com/patient/forms.php>

For all other surgeries, payments must be wire transferred at least 21 days prior to the scheduled surgery date to all business entities. Clinic visits may be paid for by check, money order, or credit card at the time the service is received.

A \$500 discount will be provided from the final payments if all payments made to the California Ear Institute are made by wire transfer, certified check, or international money order.

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Insurance Coverage

Insurance reimbursement for any medical treatment is very individualized. What Blue Cross may pay for in California, they may not pay for in Florida, and what an Aetna PPO plan may pay for, an Aetna HMO plan may not pay for. Therefore, when you have insurance, it is absolutely essential for you to carefully review the codes associated with your surgery with your insurer to determine what and how much they will pay.

Surgery and device fees associated VORP implantation and combined atresia repair/Medpor reconstructions are performed on a cash-pay basis only. The facility (Waverley Surgery Center) is contracted with many PPO insurers, and will occasionally accept HMO insurance on a case-by-case basis for these surgeries. The anesthesiologist is generally out of network for most insurance plans. The CEI surgery coordinator will help you determine what payments you will owe all three entities.

What an insurer will reimburse is based entirely on what they have determined are their “reasonable and customary” charges for a particular CPT codes. CPT codes are standardized across the entire US medical system. Combined atresia repair/Medpor reconstruction is extremely complex surgery involving four surgeons and multiple procedures provided by different specialists. Therefore, the -62 code modifier is used for the primary procedure for each surgeon to indicate that it was what is referred to in the insurance world as a “co-surgery”. The -22 code is used for the harvesting of the temporal fascia flap because the endoscopic approach takes substantially longer and thus it is a much more technically complex version of that CPT code.

One important detail when you are reviewing the amounts that you may be reimbursed for each of these codes is to ask the insurer whether they discount reimbursement after the primary code. For example, an insurer might reimburse 100 % of their reasonable and customary rate for the initial atresia repair surgery code (69320) but only 90 % of the secondary code for the skin graft (15120), 80 % of the tertiary middle ear bone repair code (69331) etc. Therefore, the *order* in which your insurer processes these codes is extremely important and will directly impact the amount you get reimbursed. Because of this little known fact, you want to ensure you’re your insurer is processing the codes in decreasing amount of value so those discounts affect you as little as possible.

Most private insurers reimburse at least at the levels paid by Medicare. Therefore, if your insurer refuses to provide you with the reimbursement amounts for the CPT codes below, you can try to guess at the reimbursement levels yourself by visiting:

https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?requestid=33108

Putting in “California” and “Santa Clara County” and obtaining the values for each of the codes that applies to you