



Copays Following Surgery

Although it is often assumed (incorrectly) that any visit immediately following a surgery is considered a "post-operative visit" where there is not a patient charge, many procedures are not seen this way by insurers and are subject to having a copay. The rules governing these charges are dictated by each individual insurer and in order to participate, we are bound to follow them or risk being dismissed as a covered provider.

Here are a few examples common to the ear, nose and throat field:

"Ear tubes" (tympanostomy with tube placement) are the second most common surgical procedure performed in the US. For this procedure the typical follow up visit is scheduled at 4 weeks. We often schedule this visit on the same day as a hearing test so there is confirmation of normalized hearing in addition to the surgeon confirming the tubes are in place. As is the case with many minor surgical procedures, most insurers do not consider this included in the cost of the surgery so there is almost always a copay for this visit.

Most invasive procedures (tonsillectomy, thyroid and parotid gland surgery) include post-operative visits for the first 90 days following the procedure. So when you come to get stitches out after thyroid or parotid gland surgery, this visit is considered part of the procedure. An exception to this occurs when a patient is being seen for an unrelated reason. For example, if a patient had their tonsils removed 2 months ago and are being seen for allergy symptoms by the same doctor that performed their surgery, even though this has occurred within 90 days from the tonsillectomy, because the patient is being treated for a separate reason (in this case allergies) a copay will likely apply. As ear, nose and throat doctors typically treat a variety of conditions in the head and neck, this scenario comes up frequently.

There are even some invasive surgeries where copays do apply immediately after the surgery. One example is endoscopic and balloon sinus surgery. This surgery is usually done for chronic sinusitis, chronic infections or nasal polyps. Depending on the nature of a patient's problem and its severity, a significant part of a successful surgery is the office based care of the sinuses that takes place afterwards. This can include removing bone and inflamed tissue from the sinuses (otherwise called debridement) to promote adequate healing, maintenance of the newly formed sinus drainage pathways and resolution of infection. Most insurers are aware of the need for debridement as well as office visits to insure a successful ESS. Subsequently insurers reduce the surgical fee of this procedure so that the entire cost of the care associated with this surgery is reflected in the varying amount of work done. Copays will often apply to this procedure.

These are just a few examples of how copays are applied in our field. We realize that surgery frequently incurs a financial burden on patients and we do all we can to limit out of pocket cost when possible. In cases of economic hardship, our office has cost reduction programs that follow government poverty guidelines. If you have a question about a procedure you have recently undergone or are scheduled for in the future, please feel free to contact our office or your insurer for specific details on how copays are handled.