Simplyhealth fee schedule
Billing guidelines for specialists
Simplyhealth fee schedule

Simplyhealth, along with four other major private insurers, is part of the Clinical Classification and Schedule Development (CCSD) Group.

Its key purpose is to develop a common set of codes and descriptions across the industry. These codes have been updated to accurately describe modern medical practice and some have been added, split, merged or deleted to reflect the current set of procedures practised for that speciality. This work has resulted in the publication of the CCSD Schedule and our schedule uses these codes.

Our fee schedule reflects what Simplyhealth consider to be fair and reasonable fee Maxima, which have been derived from our own claims data and advice from our clinicians. In addition to our Chief Medical Officer, Simplyhealth retains the services of a panel of medical and surgical specialists in private practice for expert opinion and advice.

These fees are under frequent review and can increase or decrease. We recognise the constant changes to medical practice and welcome constructive professional feedback, especially regarding new procedures or different methods of delivery. Alternatively, you can apply online to www.ccsd.org.uk to request a new code.

Simplyhealth expects all Surgeons and Practitioners to abide by the Good Medical Practice Guidelines of the GMC or The Good Surgical Practice Guidelines from the Royal College of Surgeons. All specialists in private practice should advise patients of the likely costs of treatment.

Where professional fees are likely to exceed Simplyhealth’s Fee Schedule, patients should be notified, provided with a written estimate of costs and advised to contact our Customer Services Helpdesk.

Specialist fees represent a significant proportion of private medical insurance claims costs and impact on premiums. For these to remain affordable and represent best value for our customers, it’s important that doctors, hospitals and insurers work together to ensure quality care is provided at a reasonable cost.

We act in good faith based on the information that providers (including hospitals, clinicians and specialists) and policyholders give us. We take fraud or misrepresentation very seriously and will always seek to investigate any incidence of suspected fraud or misrepresentation by customers or healthcare providers. It is our policy to report any cases of fraud or suspected fraud to the appropriate authority. As part of our anti-fraud measures, we work with the NHS Counter Fraud Service, the Health Insurance Counter Fraud Group, Health Professionals’ Trade Associations and other agencies. We reserve the right to withdraw our recognition of providers who have submitted fraudulent invoices or misrepresented the circumstances of a claim, to obtain or facilitate benefit that would not otherwise be eligible under the terms of our member’s policy.
Important notes

What is included in our fees

• Pre-operative assessment by surgeon and/or anaesthetist
• Intraoperative care
• Intraoperative administration of local anaesthesia by the operating specialist when a general anaesthetic is used
• Surgical assistant fees
• Post-operative care
• Intensive care – for procedures where this is expected as part of post-operative care
• Management of post-operative analgesia
• Management of minor complications during the peri-operative period

Multiple procedures

• Where two procedures are carried out by the same surgeon during the same operating session we will pay an additional 25% of the fee maxima for the most complex procedure
• Where three or more procedures are carried out by the same surgeon during the same operating session we will pay an additional 40% of the fee maxima for the most complex procedure

Please note we will not pay additional fees for codes AC100, A5210, S5210, W9040 or A7350, the fee for pain relief is included in the main CCSD code.

Bilateral procedures

Common bilateral procedures are listed in the schedule with their own single code. For all other bilateral procedures we will allow an additional 66% of the fee maxima of the primary code.

Unlisted procedures

If a planned procedure is not listed in this schedule please contact our Provider Services Team on 0800 854 929, alternatively you can apply online to www.ccsd.org.uk to request a new code.

Simplyhealth will not provide cover for experimental or unproven procedures, including those using new technology, which have not been approved by the National Institute of Health and Clinical Excellence (NICE) or the Medical Devices Agency.

Under no circumstances should codes intended for existing procedures be used for any new, un-coded procedures.

Coding principles

Some of the procedures listed in this schedule incorporate other procedures that are also listed in their own right, but are an integral part of the main procedure. Simplyhealth will not pay additional fees where a procedure is broken down into its separate components, where such an approach results in a higher overall charge. Simplyhealth Fee Schedule – Billing Guidelines for Specialists.
Second specialists/surgical assistants

- When a surgeon is assisted by a second surgeon or surgical assistant we only pay the fee of the primary surgeon.
- Where two surgeons are required with two different disciplines each surgeon will be paid the fee maximum for the procedures that they individually carry out.
- If, through clinical necessity, a second surgeon is required, a medical report must be submitted prior to surgery for us to obtain our expert’s clinical opinion. This will then allow us to advise you and our member of any benefit payable.

Complex procedures

A surgeon may anticipate or it may be apparent during surgery that a particular procedure may be more complex than usual. Or they may find that they have spent more time than usual due to complications, co-morbidities or unforeseen circumstances. In this instance, please submit a medical report prior to surgery, if possible, for us to review and obtain expert advice. This will then allow us to advise you and our member of any extra fees payable.

Standby fees

If a standby specialist of a different speciality is required, written pre-authorisation should be requested from our Provider Services Team on 0800 854 929 prior to surgery. A written medical report will be required detailing the clinical reasons for this request. After surgery, we will require confirmation in writing that the standby specialist was physically present with the patient during the entire procedure and that he/she had no other commitments during that time.

Audit

Our member’s policy of insurance permits us to request medical information/audit notes from you about their treatment, subject to the member’s consent. As part of our quality control procedures, we may contact you to assist us in conducting audits of medical notes. This audit will be at our expense. We would appreciate your co-operation, access and assistance in relation to any audit request. We will provide you with the member’s consent and notice of our intention to conduct an audit together with our requirements. If an audit is conducted in respect of a suspected fraud, notice shall not be required.

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