PROVIDER**ALERT**



To: AmeriHealth Caritas Louisiana Providers

Date: July 31, 2020

Subject: Split Surgery Care

Summary: AmeriHealth Caritas Louisiana Policy PRP.063 Split Surgery Care

Content

AmeriHealth Caritas Louisiana would like to make you aware of the attached policy that has been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and will become **effective 10/01/2020**.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your <u>Provider Network Management</u> <u>Account Executive</u>.

Don't miss important health plan news and updates! Register for our Network News email service! It's easy and it's free! Sign up for email alerts to get important health plan news and information. Simply complete the <u>form</u> under News and Updates on the Providers page of our website, click submit, and watch for the confirmation email. It's that simple! Sign up today!

Electronic Funds Transfer (EFT)

Simplify your payment process with EFT from AmeriHealth Caritas Louisiana and Change Healthcare (formerly Emdeon). EFT provides fast, easy and secure electronic payments — without the need for a traditional paper check. Enroll now at <u>Change Healthcare EFT Enrollment Services</u>.

Policy name	Effective date
Split Surgery Care	10/1/2020

Policy number

PRP.063.Split_Surgery_Care

Important information about this policy

AmeriHealth Caritas' (ACFC) claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), State regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS) manual, the Current Procedural Terminology (CPT) codebook, the International Statistical Classification of Diseases and Related Health Problems (ICD) manual and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify or in some cases, supersede medical/claim payment policy. These factors may include, but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.

This policy will remain in effect until such time that revisions are submitted to Louisiana Department of Health for review and approval.

Table of contents

Policy overview

Reimbursement guidelines

Exceptions

Definitions

Edit sources

Edit types

Policy history abstract

Policy overview

CMS has defined guidelines for Split Surgical Care:

Split Surgical Care occurs when different providers furnish either the pre-operative, intra-operative or postoperative portions of a global surgical package. Split surgical care is only applicable to providers of different Tax ID groups or providers within the same Tax ID group but with different specialties. Providers within the same Tax ID group and same specialty are treated as a single entity, and may not bill split surgical care.

AmeriHealth Caritas will follow MPFS and State guidelines for reimbursement of Split Surgery.

For the purposes of this policy, Same Specialty Physician or Other Health Care Professional is defined as physicians or other health care professionals with identical specialties within the same provider group reporting the same Federal Tax Identification number (TIN).

Reimbursement guidelines

AmeriHealth Caritas will reimburse according to applicable State Fee Schedule(s), the provider's contract, and the CMS Guidelines for split surgical care.

Reimbursement for split surgical care will provided for those procedures with a 10-day or 90-day global period as specified on the Medicare Physician Fee Schedule (MPFS).

CMS has established percentages for each of the three portions of surgical care for all 10-day and 90-day procedure codes. These percentages are located on the National Physician Fee Schedule Relative Value file (NPFSRV), which is updated quarterly by CMS. The sum of these portions represents the total global surgical package.

Each provider may be reimbursed according to the portion (as established by the NPFSRV) of surgical care they provide. The three portions of surgical care are pre-operative, intra-operative (i.e. surgical care only including hospital post-operative care) and post-operative care. Modifiers -54 and -55 are used to identify the care provided.

If services are billed/coded inappropriately, AmeriHealth Caritas may:

- Reject or deny the claim
- Recoup claim payment

Exceptions

N/A

Cross reference

Global Surgery

Definitions

N/A

Edit sources

- Current Procedural Terminology (CPT®) and associated publications and services
- Applicable State Medicaid Fee Schedule(s)
- CMS

Edit types

Edit is applicable to professional claims.

Policy history abstract

Original Effective Date: 10/1/2020