

<u>Policy name</u>	<u>Effective date</u>
<u>Split Surgery Care</u>	<u>TBD</u>
<u>Policy number</u>	
<u>PRP.063.Split Surgery Care</u>	
<u>Important information about this policy</u>	
<p><u>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).</u></p> <p><u>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.</u></p> <p><u>This policy will remain in effect until such time that revisions are submitted to Louisiana Department of Health for review and approval.</u></p>	
<u>Table of contents</u>	
<p><u>Policy overview</u></p> <p><u>Reimbursement guidelines</u></p> <p><u>Exceptions</u></p> <p><u>Definitions</u></p> <p><u>Edit sources</u></p> <p><u>Edit types</u></p> <p><u>Policy history abstract</u></p>	
<u>Policy overview</u>	
<p><u>CMS has defined guidelines for Split Surgical Care:</u></p> <p><u>Split Surgical Care occurs when different providers furnish either the pre-operative, intra-operative or post-operative 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.</u></p>	

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: TBD

