

Bulletin #12-2011

TO: Participating hospitals and select ambulatory surgical centers in Pennsylvania and Delaware

FROM: Christopher McTiernan
Vice President, Contracting and Reimbursement

DATE: October 28, 2011

SUBJECT: Outpatient surgical billing reminder and changes to the *Outpatient Implantable Device List*

AmeriHealth is sending this bulletin for two purposes: (1) to communicate the appropriate reporting requirements for outpatient surgical services and (2) to notify you of changes that AmeriHealth will make to the *Outpatient Implantable Device List* effective December 1, 2011.

OUTPATIENT SURGICAL BILLING

For select providers, AmeriHealth has identified surgical services in the outpatient setting that are being reported with revenue codes 0510 and 0761. However, surgical services in the outpatient setting should be reported with the associated surgical revenue codes found in the *Correlation Edits for Outpatient Claims* document, which is sent quarterly with the billing updates bulletin. The associated surgical revenue codes are: 0360, 0361, 0362, 0367, 0369, 0481, 0490, 0499, and 0790.

AmeriHealth will continue to retract erroneous payments for any outpatient surgical services that are inappropriately billed with revenue codes 0510 and 0761.

CHANGES TO THE *OUTPATIENT IMPLANTABLE DEVICE LIST*

AmeriHealth has modified its *Outpatient Implantable Device List*, effective for dates of service on or after December 1, 2011. The modifications include changes, additions, and deletions. The deletions are due to the frequency and/or low cost of the items and our goal of reducing manual payment processes. In recognition of the impact of these deletions, we have increased the corresponding surgical procedure fee for select items, as detailed in the *Outpatient Fee Schedule Changes* document. Collectively, these changes are revenue neutral to our hospital network.

Changes and additions to the *Outpatient Implantable Device List* include the following:

- Fallopian tube inserts, previously billed with L8699, should now be billed with A4264 (i.e., permanent implantable contraceptive intratubal occlusion device(s) and delivery system).

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We encourage you to share this information with appropriate members of your staff.

- Stents, coronary and vascular, should be billed, as appropriate, with C1874, C1875, C1876, or C1877 (i.e., bare-metal vs. drug-eluting, with or without delivery system).
- HCPCS code C1895 (i.e., lead, cardioverter-defibrillator, endocardial dual coil, implantable) has been added.

The following items have been deleted from the *Outpatient Implantable Device List*:

- ports (A4301, C1788)
- PICC lines (A4300)
- vena cava filter (C1880)
- non-coronary/temporary stents (C2617, C2625)
- grafts (L8670, C1768)

Please contact your Network Coordinator if you have any questions about this bulletin.

We encourage you to share this information with appropriate members of your staff.

For a copy of the *Outpatient Fee Schedule Changes*,
please contact your Network Coordinator.