

**To: AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast
Ambulatory Surgery Centers (ASC) and Hospitals**

Date: March 4, 2019

Subject: Short-Procedure Unit (SPU) Payment Policy

AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast's (the Plan) 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.

The Plan's SPU payment policy is as follows. The Plan may modify this policy at any time by publishing a new version of the policy.

General Payment Policy:

1. Payment is made for surgical services that are medically necessary.
2. The fee paid to the facility shall include but is not limited to:
 - A. Nursing, technician and related services (including recovery room services)
 - B. Use of the facility.
 - C. Drugs, biologicals, surgical dressings, supplies, splints, casts and appliances and equipment directly related to the provision of surgical procedures.
 - D. Administrative, recordkeeping and housekeeping items and services.
 - E. Materials for anesthesia.
3. Facility Claims:
 - A. In order for a claim to price off the Pennsylvania (PA) Medical Assistance (MA) Surgery (SG) Fee Schedule (FS) the provider must demonstrate the procedure was performed in the operative suite and that anesthesia and recovery room services were provided. To meet this requirement providers must submit surgical claims that include all 3 revenue codes - 360-369 AND 370-379 AND 710-719 or 490-499 AND 370-379 AND 710-719.
 - B. Claims billed without all 3 revenue codes are considered minor procedures and will price off the PA MA FS.
4. ASC:
 - A. In order for a claim to price of the PA MA SG FS the provider must demonstrate the procedure was performed in an ambulatory surgical setting and that anesthesia and recovery room services were provided. To meet this requirement providers must submit surgical claims with revenue codes 490-499 AND 370-379 AND 710-719.



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- B. Claims billed without all 3 revenue codes are considered minor procedures and will price off the PA MA fee schedule.

The Plan is responsible for reporting utilization data to the Department of Human Services (DHS), on at least a monthly basis. It is therefore necessary that **all** encounter information be received by the Plan on a regular basis. Providers are required to submit an encounter for every visit with a Member whether or not the encounter contains a billable service.

If you have any questions about this communication, please contact Provider Services at:

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| AmeriHealth Caritas Pennsylvania | 1-800-521-6007 |
| AmeriHealth Caritas Northeast | 1-888-208-7370 |

You may also contact your Provider Account Executive, contact information may be found at www.amerhealthcaritaspenn.com or www.amerhealthcaritasnortheast.com → Providers → Communications → Account executives.