



PROVIDER BULLETIN
#07-2017

TO: Participating hospitals that provide covered services to AmeriHealth New Jersey members

FROM: Michael S. Zollenberg
Vice President, Provider Network Operations

DATE: May 1, 2017

SUBJECT: Revenue code requirements

We are sending this bulletin to inform you of updates to the list of revenue codes used to identify surgical services and to remind hospitals contracted under the Hospital Outpatient Surgical Fee Schedule of the reporting requirement for surgical services.

For hospitals contracted under the Hospital Outpatient Surgical Fee Schedule, global surgical reimbursement requires that surgical procedures be reported with one of the following revenue codes used by AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey to identify surgical procedures:

- 0360
- 0361
- 0362
- 0367
- 0369
- 0481
- 0490
- 0499
- 0519
- 0759
- 0769
- 0790

Note: The above list now includes 0519, 0759, and 0769, which identify surgical services subject to global surgical reimbursement when performed in outpatient treatment areas other than the operating room or surgery suite.

Only services listed on the attached Surgical Procedure Code List should be reported with one of the revenue codes listed above.

In addition, please note the following:

- Surgical procedures that are also on the Hospital Outpatient Surgical Fee Schedule are assigned a surgical category, which determines the level of reimbursement.
- Surgical procedures that are *not* found on the Hospital Outpatient Surgical Fee Schedule are individually reviewed for payment consideration.

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

When surgical services are billed in conjunction with an Emergency Room (ER) visit, please note the following regarding reimbursements:

- If an ER visit includes surgery performed in a fully equipped and staffed operating room, the facility will receive fee schedule reimbursement for both the ER visit and the surgery. In this circumstance, the surgery should be billed using an appropriate surgery revenue code with the applicable HCPCS/CPT[®] code.
- When surgical services are performed in the ER and not a fully equipped operating room, the surgical services are included in the reimbursement for the ER visit. In this circumstance, the surgery should be billed using an appropriate ER revenue code with the applicable HCPCS/CPT code.

Questions

If you have any questions regarding this bulletin, please contact your Provider Partnership Associate.

For a copy of the *Surgical Procedure Code List*, please contact your Provider Partnership Associate.