

December 17, 2007

Montana Healthcare Programs Notice

All Provider Types

Enhanced Claims Editing — Assistant / Team / Co-Surgeon

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services will implement enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes. It will not apply to:

- Federally Qualified Health Clinics
- Rural Health Clinics
- Freestanding Dialysis Clinics
- Ambulatory Surgical Centers
- Children's Special Health Services
- Home and Community Based Services
- Home Health
- Hospice
- Personal Assistance
- Hospital Outpatient
- Birthing Centers
- Indian Health Services

Enhanced editing will include identification of claims where multiple individuals are involved in surgery. Assistant surgery pertains to a physician or mid-level practitioner assisting another during the surgery. Team surgery applies to a procedure that commonly requires two surgeons of different specialties (e.g., transplant procedures). Co-surgery applies to a single procedure that typically requires two surgeons of the same or different specialties.

Multiple surgery guidelines are outlined on the Medicaid Physician Fee Schedule and can be viewed on the Department website at:

<http://medicaidprovider.hhs.mt.gov/providerpages/providertype/27.shtml>

Multiple surgery guidelines can also be found on the CMS Medicare Physician Fee Schedule (MFSDDB). The fee schedule defines the potential need for an Assistant / Team / Co-Surgeon approach for particular procedures based on the anticipated complexity of the procedure.

Some examples include billing the following codes:

59515 AS Assistant Surgeon, CESAREAN DELIVERY

This code represents services where an assistant surgeon is considered unnecessary.

61210 62 Co-surgeon, PIERCE SKULL, IMPLANT DEVICE

This code represents services where a co-surgeon is considered unnecessary.

Please consult your AMA and CMS guidance for complete information on appropriately billing for an assistant, team or co-surgeon.

Currently Montana Medicaid is editing for assistant, team or co-surgeon. Changes to these edits are implemented as they are published by the AMA or CMS.

Reason code 4 on the remittance advice/835 transaction specifies that the procedure code is inconsistent with the modifier used or a required modifier is missing.

Coming Soon

Watch for provider notices related to other enhanced editing changes including:

- National Correct Coding Initiative (CCI) Editing
- Enhanced Global Surgery Editing
- Enhanced Editing for Multiple E/M services provided on the same day

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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