Ambulatory Surgical Center Update
Upcoming Changes

OHCA PRN 2009-05

Nov. 19, 2008

Ambulatory Surgical Center Administrators

This letter is to inform you of some changes being implemented in ambulatory surgical center claims processing.

Ambulatory Surgical Center Claims Processing Changes

Multiple Surgeries and Discounting
Currently ambulatory surgical centers and outpatient hospitals use the same claims logic and fee schedule tables. We have experienced several systems issues when discounting and paying multiple services using this method. OHCA is modifying our payment system to more closely follow Medicare’s ASC payment methodology. This modification is effective January 1, 2009. We plan to add additional codes to the ASC table and are setting up a formal process for providers to request future coverage of codes. We will provide additional information on this process when it is finalized.

Same Provider / Same Client / Same Date of Service Billing
To ensure proper consideration and payment of same day services in relationship to each other, OHCA is updating how our system processes ambulatory surgical center claims. Beginning January 1, 2009, ambulatory surgical center items and services furnished to a specific member on the same day and by the same provider must be reported on the same claim. Claims for same day provider services on separate claims will be denied. We understand that there could be occasions that two separate visits occur on the same day; we will continue to pay the “second” claim as long as documentation is submitted that shows the two visits were completely separate; i.e., the patient truly left the facility between visits.

Reporting services provided for one member on the same date of service on multiple claim submissions is considered fragmented billing. When a claim is processed, historical claims auditing is performed to ensure that all services or procedures performed on the same date are edited together. Therefore, in order for the proper editing to occur, services or procedures performed by a provider on the same date must be reported together on the same claim.
The past fragmented billing occurrences have led to incorrect reimbursement of services and overpaid claims to some providers. In addition to the system change, providers whose multiple filings have generated inappropriate payments may be asked to void and resubmit claims or overpayments will be recouped from those providers whose multiple filings have generated inappropriate payments.

If you have any questions or require additional information please phone Kelly Botten at (405) 522-7108 or email at Kelly.Botten@okhca.org.

Thank you for your continued service to Oklahoma’s SoonerCare members.