

Provider Bulletin

Reimbursement Policy

September 2014, Issue #2

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup* benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Amerigroup Reimbursement Policies, visit our website at providers.amerigroup.com and click on Quick Tools.

Policy update

Modifier 22: Increased procedural service

(Policy 07-020, originally effective 10/04/07)

Additional reimbursement is not allowed for procedure codes appended with Modifier 22 when the procedure or service provided is greater than what is usually required for the listed procedure code. For additional information, refer to the Modifier 22 Reimbursement Policy at providers.amerigroup.com.

Policy reminder

Split-care surgical modifiers

(Policy 11-005, originally effective 03/16/12)

Reimbursement of **surgical codes** appended with "split-care modifiers," is allowed and based on a percentage of the fee schedule or contracted/negotiated rate for the surgical procedure. The percentage is determined by which modifier is appended to the procedure code.

Included in the global surgical package are preoperative services, surgical procedures and postoperative services. Total reimbursement for a global surgical package is the same regardless of how the billing is split between the different physicians involved in the member's care.

Claims received with split-care modifiers after a global surgical claim is paid will be denied. Assistant surgeon and/or multiple procedure rules and fee reductions apply when an assistant surgeon is used and/or multiple procedures are performed.

Split-care modifier percentages by market

Market	Modifier 54	Modifier 55	Modifier 56
Florida	50%	30%	20%
Kansas	80%	10%	Not recognized
Maryland	80%	20%	Not recognized
Washington	80%	10%	10%

Your continued feedback is critical to our success. If you have questions, please call your local Provider Relations representative or call our Provider Services team at 1-800-454-3730 (Medicaid) or 1-866-805-4589 (Medicare).

** In Washington, Amerigroup Washington, Inc.*

