

Health Plus Medical & Claims Payment Bulletin

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Subject: Products of Ambulatory Surgery (PAS) & Products of Ambulatory Care (PAC) Outpatient Hospital Services

Policy:

Claim Submission:

- When billing for Products of Ambulatory Care service or Products of Ambulatory Surgery, use one of the following revenue codes along with the appropriate required CPT – 4 procedure code, as listed on the New York State Department of Health (NYSDOH) Products of Ambulatory Surgery procedure code table:
 - 360 – 361 Operating Room Services
 - 480 Cardiology – General Classification
 - 490 – 499 Ambulatory Surgical Care
 - 750 Gastro-Intestinal Services – General Classification

The tables may be downloaded from the NYSDOH web site at this address:
<http://www.health.state.ny.us/nysdoh/hospital/drg/pacs.htm>

- Bilateral procedures must be reported using modifier – 50 (bilateral procedure).
- All procedures performed during the same operative session/same date of service must be reported/billed on the same claim form, UB-92 or 837I, as applicable.

Payment:

- If multiple procedures are performed in the same operative session/same date of service and they appear in the same PAS group, the services roll up to one line and the full rate is paid for the procedure classified as the highest payment.
- When multiple procedures are performed in the same operative session/same date of service but appear in more than one PAS group, the full rate is paid for the procedure classified in the highest payment group and the second procedure is paid at 50 percent of the applicable group rate.

- Codes billed with the bilateral modifier are considered two procedures. Payment is made at 150 percent of the applicable group rate.
- If a CPT-4 is billed that does not appear on a PAS group and there are no other CPT-4 codes on the claim, then Health Plus pays that CPT-4 code at the hospital's all-inclusive outpatient Medicaid clinic rate.
- If there are other CPT-4 codes on the claim, Health Plus will deny payment for these other CPT-4 codes, as included in outpatient Medicaid clinic rate.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider's contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

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