



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Surgeons and Anesthesia Providers

Date: March 19, 2021

Subject: Inpatient-only claims edits for certain surgical procedures will be lifted March 30, 2021

Summary: Effective March 30, 2021, AmeriHealth Caritas District of Columbia (DC) is lifting inpatient-only (IP-only) claims edits for certain surgical procedures. Therefore, claims received by the health plan on or after March 30, 2021 that would have previously denied as “IP-only surgical procedures” will no longer be denied based on outpatient (OP) status. Please read on to learn more about this adjustment to IP-only claims edits and how it may impact your practice.

Background:

Currently, and effective through March 29, 2021, certain surgeries require inpatient status to pass initial claims edits and to avoid denial; under this requirement, claims including surgeries from the “IP-only surgical procedures” list, as described in CMS-1736-FC, must also indicate inpatient status in order to avoid denial of the claim.

Update:

AmeriHealth Caritas DC is working to align with changing Medicare requirements, as outlined in CMS-1736-FC, by removing the “IP-only surgical procedure” claims edits and corresponding requirements. According to the Centers for Medicare & Medicaid Services (CMS), this change aims “to increase choice, lower patients’ out-of-pocket costs, empower patients, and protect taxpayer dollars.”¹

Claims received by the health plan on or after March 30, 2021 containing former “IP-only surgical procedures” will no longer be denied based on outpatient status.

Examples of procedures from the IP-only list include:

- Posterior lumbar fusion
- Total shoulder arthroplasty
- Open cholecystectomy
- Oophorectomy

¹ Centers for Medicare & Medicaid Services. (2020, December). CY 2021 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1736-FC). <https://www.cms.gov/newsroom/fact-sheets/cy-2021-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-0>



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The complete list of impacted procedures is available starting on page 709 of CMS-1736-FC, online at: <https://www.cms.gov/files/document/12220-ops-final-rule-cms-1736-fc.pdf>.

Other health plan policies, including medical necessity and prior authorization requirements, as applied to the implicated procedures remain unchanged.

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at **202-408-2237**.