**Unit Test - User Story CPE001-124**

**Assistant Surgeons. PL Zip in the CMAC Payment Methodology for PA or NP as an Assistant-at-Surgery**

The system to use the PL Zip in the CMAC Payment Methodology for PA or NP as an Assistant-at-Surgery in all Corresponding Types of Coverage for the Coordination of Benefit of Primary, Secondary and Tertiary for CHAMPVA\SB Manual and EDI Outpatient Claims.

Not to exceed 65% of the allowable amount, which is currently 16% of the allowable amount.

PA - Certified Physician Assistant,

NP- Certified Nurse Practitioner,

AS - Assistant Surgeon

Notes for all the surgery scenarios (including multiple and assistant):

When multiple surgical procedures are performed during the same operative session, benefits shall be limited to the lesser of the total billed charge or the sum of 100-percent of the allowable amount for the major surgical procedure and 50- percent of the allowable amount for the other procedures. The major procedure is that procedure for which the allowable amount is greatest. If multiple surgical procedures involve the fingers or toes, benefits for the first surgical procedure is covered at one-hundred (100%) percent of the allowable amount; the second procedure at fifty (50%) percent allowable amount; and the third and subsequent procedures at twenty-five (25%) percent allowable amount.

Assistant Surgeons. When a procedure is submitted with an assistant surgeon modifier (80, 81, or 82), claim review software, AI (Artificial Intelligence) determines whether that procedure always, sometimes, or never requires an assistant surgeon. If the determination is always, the modified code will pay, if the determination is never, the modified code will reject, if the determination is sometimes, clinical review of the procedure is necessary.

The allowable amount for an assistant surgeon (where such services are covered) will be the lower of the billed charge or sixteen (16%) percent of the prevailing charge for the surgery performed. When an assistant surgeon is involved in multiple surgeries, the same procedures for determining reimbursement for the primary surgeon are be used in determining reimbursement for assistant surgeons. PA (Certified Physician Assistant), and NP (Certified Nurse Practitioner). The allowable amount for a PA and NP services for other than assistant-at-surgery may not exceed 85-percent of the allowable amount for a comparable service rendered by a physician performing the service in a similar location. The allowable amount for PA and NP services performed, as an assistant-at-surgery may not exceed 65-percent of the allowable amount for a physician serving as an assistant surgeon, which is currently sixteen (16%) of the allowable amount.

Convert ICD-9-CM Diagnosis 844.2 to ICD-10-CM

ICD-9-CM 844.2 converts approximately to:

•2018 ICD-10-CM S83.509A Sprain of unspecified cruciate ligament of unspecified knee, initial encounter

OUTPATIENT DATA SCREEN

DOS: MAR 19, 2018 Total Charges:$ 10000.00 TOTAL PR BAL:$ 2000.00

DXS PXS/NDC MODIFIERS UNT/QTY DESCRIPTION AMOUNT P/R BAL

**1** S83.509A SPRAIN UNS C

**2** 29888 AS 1 KNEE ARTHROS 5000.00 1000.00

**3** 29888 AS 1 KNEE ARTHROS 5000.00 1000.00

PDI: 201806203000190 Page #: 1 Img #: 1 Assignment:

Vendor: INTRALIGN CA PHYS ASSISTANTS Beneficiary: SANDER-SIROIS,MARYKAY

[OHI PAYMENTS E/E SCREEN]

OHI TOC: 1 - NO OHI OHI Edit TOC:

--- Primary OHI --- Add'l OHIs

DOS SVCS/NDC Billed Amt Paid P/R Paid P/R Bal

2 03/21/18 29888-AS 5000.00 1000.00 1000.00

3 03/21/18 29888-AS 5000.00 1000.00 1000.00

TOTALS 10,000.00 0.00 2,000.00 0.00 2,000.00

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\*\* WARNING - OHI was not entered on Beneficiary ID screen. \*\*

1) Cont Edt 2) Next Scr 3) Ent Ttls 4) OHI Edit 5) OHI Hist 6) ET DOS

**PDI# 201806203000190 Related Claims:**

No. Claim # RO Cl # Bene Typ Vendor D.O.S D/C

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1) RLT8224 SANDER-SIROIS,M OUT INTRALIGN 3/19/2018

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Select: 1) Edit

2) Continue

3) Process New Page

DUZ: 588196 Health Administration Center Page: 1

Date: MAR 21, 2018 Post-Processing Claim Report

Time: 919

PDI: 201806203000190- BATCH: Claim #: RLT8224

EIN: 710890443- -cc Status: Payment Req.

Program: CHAMPVA

Vendor: INTRALIGN CA PHYS AS Type: Outpatient

Pay Prov?: Yes Ser/Admis Date: MAR 19,2018

Sponsor: SIROIS,PAUL D Comp. Date:

Bene: SANDER-SIROIS,MARYKAY POS: OUTPATIENT HOS

Bene Sex: F Bene DOB: 05/27/63 PL ZIP: 19803

Press <RETURN> to continue, <^> to exit.

DX's/Px's/NDC's P/L Unt/Qty Total Chg TotalAA Mcaid OHI #1 PD OHI #1 PR Deduct Payments AI Reas

AlwUnt Chg/Unt AA/Unt Addl OHI OHI PR Bal Cst Share

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S83.509A 1 AC

29888-AS 1 5,000.00 108.66 4,000.00 1,000.00 0.00 108.66 AC

1 5,000.00 108.66 0.00

29888-AS 1 5,000.00 54.33 4,000.00 1,000.00 0.00 54.33 AC

1 5,000.00 54.33 0.00

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Totals: 10,000.00 162.99 8,000.00 2,000.00 0.00 162.99

0.00

Press <RETURN> to Continue, <^> to exit.

Total Charges Billed: 10,000.00 CITI Maximum Reimbursement Rate: N/A

Calculated Allowable Amount: 162.99 MEDICAID Amount: N/A

Amount Applied to Deductible: 0.00 Amount Paid by TPL: N/A

Cost Share Credited to Cat Cap: 0.00 Amount Reversed from Deductible: N/A

Amount Paid by Other Insurance(s): 8,000.00 Amount Reversed from Cat Cap: N/A

Patient Responsibility Amount: 2,000.00 Amount Reduced from Previous Payment: N/A

Amount Paid by Beneficiary to Vendor: 0.00 Last PDI Payment Difference: 0.00

Total Amount to be PAID on claim: 162.99 Total Payment for Current PDI# 201806203000190: +162.99

Amount PAID to Vendor: 162.99

Amount PAID to Beneficiary: 0.00

Press <RETURN> to Continue, <^> to exit.

CHAMPVA Beneficiary Deductible 2018: 50.00 (satisfied)

CHAMPVA Family Deductible 2018: 50.00

CHAMPVA Family Catastrophic Cap 2018: 505.86

Press <RETURN> to Continue, <^> to exit.

Actions for Claim:

1) ASQ (Complete) 2) SNA CAPPS (Pending Batch Process)

3) ClaimCheck (Complete)

Claim Reasons: 319 - CFR 17.272(B)(3) REQUIRES PROVIDER TO ACCEPT CHAMPVA ALLOWABLE AS FULL PAYMENT.

322 - COST SHARE FOR CLAIM MAY NOT ALWAYS BE PATIENT LIABILITY; OHI / CAT CAP MAY IMPACT.

356 - REMINDER - MAIL CLAIMS TO: CHAMPVA, PO Box 469064, DENVER, CO 80246-9064

371 - WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.

Press <RETURN> to continue.

**CMAC Data**

**Zip Code:** 19803

**CHAMPUS Locality No.:** 316

**CPT Code:** 29888

**CMAC Data Year:** 18

**Facility** **Non-Facility** **Professional** **Technical**

**- Physician**  $ 1044.80 $ 1044.80

**- Non-Physician** $ 888.08 $ 888.08

<RETURN> to continue:

HADR1TSVR:HADTST>W 1044.8\*.16\*.65

108.6592

HADR1TSVR:HADTST>

HADR1TSVR:HADTST>W 108.6592\*.5

54.3296