

How to invoice for Elective Surgery

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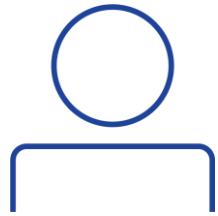


**He Kaupare. He Manaaki.
He Whakaora.**

prevention. care. recovery.

Nau mai, haere mai. Welcome to:

How to invoice for Elective Surgery



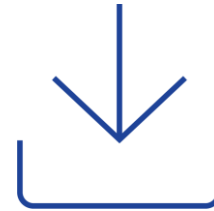
Meet the team

Kylie Brown
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Sam Krawiec
Maree Cummings
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Questions

Use the Q&A at the
top of your screen



Download the
webinar

We'll email the
webinar and slides



Feedback

Let us know what
you think

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Service overview

How it works

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Delivering services by contract

Elective Surgery

- ✓ hospital-based surgical treatment
- ✓ package of care
- ✓ named providers
- ✓ red-list procedures

Non-prior approval (NPA) – do not require an Assessment Report and Treatment Plan (ARTP)



Prior approval

- ✓ ARTP used to obtain prior approval for surgery
- ✓ Completed by specialist rooms
- ✓ Submitted by contract holder
- ✓ We triage, assess, and make a decision



Core procedures

Set prices for a package of care.

- ✓ Specific codes for over 500 surgical procedures
- ✓ Contract holder responsible for ensuring correct coding is selected
- ✓ Contract holder decides how to distribute the funding

Procedure Code	Procedure Description
WAH152	Wrist arthroscopy - Complex 3 TFCC injury (triangular fibrocartilage complex) Includes: - diagnosis and TFCC (triangular fibrocartilage complex) debridement
WAH153	Wrist arthroscopy - Complex 3 Includes: - diagnosis, debridement & repair of TFCC (triangular fibrocartilage complex) tear
WAH154	Wrist arthroscopy and proceed to open - Complex 3 Includes: - diagnosis, debridement & open repair of TFCC (triangular fibrocartilage complex) tear
WAH155	Wrist arthroscopy and proceed to open - Complex 3 - Open TFCC (triangular fibrocartilage complex) reconstruction with tendon graft
WAH156	Wrist open surgery - Complex 3 - Open TFCC (triangular fibrocartilage complex) repair
WAH157	Wrist open surgery - Complex 3 - Open TFCC (triangular fibrocartilage complex) reconstruction

Non-core procedures

What they are:

- ✓ procedures which do not have core codes, or
- ✓ a combination of three or more core procedures, or
- ✓ a core procedure requiring a high level of additional supports

What they are not:

- ✗ procedures where the hospital or surgeon disagree with the funding under a core code

Hybrid procedures (core + non-core)

Main component of the procedure is a core code, but there are additional inputs:

- ✓ anaesthetic modifiers
- ✓ theatre time, second surgeon
- ✓ unique supplies
- ✓ unusual or unspecified costs

Note:

Supporting documentation and rationale are required for invoicing hybrid procedures.

Specific non-core codes

ESRNC	Includes theatre set up, base supplies & recover fee	\$1,443.27
<i>Theatre set up</i>	<i>Base rate</i>	\$547.12
<i>Base supplies</i>	<i>Base rate</i>	\$726.98
<i>Recovery suite</i>	<i>Base rate</i>	\$169.17

ESR01	Theatre time (<120mins)	\$52.48
<i>Surgeon</i>	<i>Per minute</i>	\$29.54
<i>Nurse & theatre</i>	<i>Per minute</i>	\$17.76
<i>Anaesthetist</i>	<i>Per minute</i>	\$5.18

Anaesthetist's costs calculation

NZ Society of Anaesthetists RV Guide:
1 RVU (\$77.61) per 15mins in theatre

4 x RVU rate (\$310.44) divided by 60
 = \$ per minute (\$5.18)

How do we fund?



Surgeon

Proposes procedure, completes ARTP



Contract Holder

Selects appropriate code & submits to ACC



ACC

Assesses ARTP & approves



Contract Holder

Submits invoice for approved code, or selects the appropriate code



ACC

Assesses & issues payment advice

- ✓ ACC funds on actuals – what was performed, not what was approved
- ✓ Change in procedure? Submit supporting documentation

How to invoice

What we need & how to do it

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The basics are important

- ✓ One schedule per client
- ✓ Claim & Purchase Order number
- ✓ Dates – admission, surgery, discharge
- ✓ Documentation
- ✓ Number of units

More information on our website:

[Invoicing us \(acc.co.nz\)](http://acc.co.nz)

Electronic vs. manual invoices

E-billing is electronic billing submitted via your system to ours.

- ✓ Faster for our staff to process
- ✓ Faster release of payment
- ✓ Contractual requirement

Manual billing – only when it's not listed in your service schedule.

- ebusinessinfo@acc.co.nz
- [How to invoice us \(acc.co.nz\)](#)

Supporting information

- ✓ Operation notes
- ✓ Discharge summaries
- ✓ Supplier invoices – implants, orthotics, hire costs
- ✓ Documentation – theatre times, ward notes

Getting invoicing right

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Where to go for help

Provider Help can assist with most things.
For surgery payment issues please contact
us directly:

electivesurgeryinvoices@acc.co.nz

Significant or thematic issues can be
escalated to your EPM who may be able to
help.

Common issues

- ✘ Operation notes not submitted
- ✘ Invoicing for add-ons when core code/main service not yet received
- ✘ Missing fields, e.g. dates, units
- ✘ Accredited Employer claims
- ✘ Expired purchase order
- ✘ Incorrect coding
- ✘ Check the invoice for these common issues before you send

Example:

If an ACL reconstruction was undertaken (KNE81) and a code was billed for the ACL reconstruction and a meniscal tear (KNE91) the invoice would be declined with a payment advice saying *"Declined – please resubmit as KNE81 as no meniscal repair noted in operation notes"*

Non-core codes

ESR01/02 – Theatre time:

- ✓ provide theatre times

ESR03/04 – Anaesthetist setup/modifiers:

- ✓ align with RV guide & appendix 1 of operational guidelines for requesting anaesthetic modifiers
- ✓ provide rationale for costs

ESR11 – Splints/orthotics:

- ✓ specify what is included

ESR12 – Unique supplies (extra to base):

- ✓ invoicing with no supplies list
- ✓ not removing the base supply cost

ESR13 – Unusual/unspecified costs:

- ✓ provide supporting documentation

Non-prior approval (NPA) codes

- ✘ Proceeding with (and invoicing for) NPA procedures that don't meet the criteria e.g. no cover updated
- ✘ Not providing supporting documentation for additional inputs (ESR non-core codes)

Example:

KNE81 (NPA) surgery gone ahead. During surgery, KNE66 (needs approval) identified the root repair but not covered*. Please send in rationale at invoicing otherwise this would be declined due to insufficient information.

*Not a NPA code or no prior approval sought.

Tips & Tricks

- ✓ Create invoicing instructions/checklist
- ✓ Keep a list of declined ESR12/13 items to avoid submitting them again
- ✓ Use the contact information (pg. 5 Operational Guidelines)

Declined invoices

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Troubleshooting

- ✓ Check payment advice
- ✓ Use contract, operational guidelines
- ✓ Review supporting documentation

[Invoicing us \(acc.co.nz\)](#)

[Sort out a problem with a payment \(acc.co.nz\)](#)

Resubmitting invoices

After troubleshooting:

- ✓ amend invoice
- ✓ add supporting information
- ✓ resubmit electronically
- ✓ we'll reassess when we receive it

What to do if we disagree

Steps to take:

- ✓ check the contract, operational guidelines
- ✓ email electivesurgeryinvoices@acc.co.nz with rationale for reassessment or invoicing queries.
- ✓ we'll review your request

Our clinical advisors

Their role

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Clinical advisors - surgery

Our role:

- ✓ Support for our invoicing teams
- ✓ Clinical & coding queries
- ✓ Core vs. non-core
- ✓ Navigating tricky situations & complex cases

What we can't do:

- ✗ A hotline for direct advice
- ✗ Trainers for new suppliers/staff

[Contact our provider relationship team \(acc.co.nz\)](http://acc.co.nz)

Questions / pātai?

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Resources

Where to go for help

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Contact us

Elective Surgery Invoicing Team

electivesurgeryinvoices@acc.co.nz

Secondary & Tertiary Services Portfolio:

Elective.Services@acc.co.nz

For more helpful contacts – see page 5 of the [Elective Surgery Operational Guidelines](#)

Provider Help:

Call 0800 222 070

providerhelp@acc.co.nz

Suggestions & feedback:

Contact Maggie Robson

Provider Education Lead

Provider.Education@acc.co.nz

[Contact our provider relationship team](#)

THANK YOU

Ngā mihi nui