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Q&A's from the How to Invoice for Elective Surgery webinar

Q: Following your answer re: invoicing, if a procedure is going to be done for 2 injuries at the same time, should ARTP's also be under the one claim or 2 ARTP's submitted?

A: You can submit 2 ARTPs, however if you choose to combine both procedures into the one ARTP please ensure both claim numbers, both diagnosis, and separate causal links for each body site are on the ARTP.

Q: Hi Kylie, do you have or can you provide an indication of average minutes for core procedures?

A: This is addressed in our Elective Surgery Operational Guidelines (page 14):

ACC is unable to provide average theatre times for procedures as there are public-private commercial negotiations that are often undertaken which such data may compromise. Each supplier should be able to define their own average theatre time (patient in/patient out) and therefore explain any variance they want ACC to pay for.

The key is to only be invoicing for exceptional circumstances, and to provide reasoning and supporting information for why additional theatre minutes needs to be invoiced to us.

Q: Do NPA's require a PO Number?

A: No. As long as the procedure meets the eligibility criteria listed in Appendix 4 of our Elective Surgery Operational Guidelines, these procedures can be performed and invoiced through to us.

Q: if ARTP submitted as noncore and has received ACC approval example procedure - tendon transfer but procedure happened as scar release can we bill for scar release even though we have ACC approval for tendon transfer

A: Yes, this would fall under the 'retrospective funding approval for an alternative unanticipated procedure' process at Clause 20. Of the Elective Surgery Service Schedule (contract). If the surgery approved on the ARTP doesn't end up being the surgery that's completed – then at invoicing stage, you will need to select the most appropriate code and invoice us that, along with the reason and supporting documents.

Q: What do you mean by permanent rate? Is it for the duration of the contract timeframe?

A: Apologies, the transcript picked up my reference to 'per-minute' as 'permanent'. The ESRNC and ESR01/02 contain per-minute rates. These codes have the annual price uplift applied to them throughout the duration of the contract timeframe.

Q: Do Named providers need to be on all documents i.e. Operation note and discharge summary for Public hospitals? Can it be just on one of the document to allow for invoice payment? Also has it to be the same Named provider on the ARTP and the above documents mention sent with invoice? There may be some other Named specialist on operation date as the on-call specialist

A: At invoicing, we're checking that the named provider is noted on the operation notes, and that matches with the named provider on the e-billing schedule. This can be a different provider than approved on the ARTP, but they must be registered with ACC and named under your elective surgery contract. If they're a supervisor of a registrar, they still need to be noted on the operational notes.