AETNA BETTER HEALTH® of Illinois Policy

Policy Name:	General Surgery Policy	Page:	1 of 5
Department:	Medical Payment Policy	Policy Number:	XXXX.XX
Subsection:		Effective Date:	11/1/2023
Applies to:	■ Medicaid Health Plans		

PURPOSE: This policy provides guidance for surgery related scenarios.

STATEMENT OF OBJECTIVE: This policy is based on AMA and Illinois Medicaid Policy

DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

General Surgery Policy	This policy has a set of rules, guidelines, and professional standards that conduct the practice of general surgery. These standards and guidelines come from American Board of Surgery.
American Board of Surgery (ABS)	American Board of Surgery (ABS) is an independent, nonprofit organization established in 1937 to certify surgeons who have met rigorous standards of education, training, and knowledge in the field of surgery
Pilonidal Cyst and Pilonidal Sinus Procedures	Surgery that are anywhere from simple, temporary relief like incision and drainage for infected cysts to more complex surgical removals that aim for a permanent solution
Intravenous (IV) and Venous Services	Intravenous services are the delivery of substances that go directly into the vein. Venous services refer to a range of diagnostic and surgical procedures that relate to the veins, addressing disorder like varicose veins or blood clots.

REIMBURSEMENT GUIDELINES:

Pilonidal Cyst and Pilonidal Sinus Procedures

- According to the AMA CPT Manual, incision and drainage of a pilonidal cyst, and excision of a pilonidal cyst or sinus should only be reported with a diagnosis of pilonidal cyst or pilonidal sinus.

Intravenous and Venous Services

- According to our policy, injection sclerotherapy should not exceed 4 treatment sessions (or dates of service) in the same leg within a 90-day time frame.

Modifier Policy

- Unrelated Procedure/Service by the Same Physician During the Postop Period-According to our policy, which is based on the AMA Coding With Modifiers Manual and Illinois Medicaid Policy, modifier 79 is used to indicate that the performance of a procedure or service during the post-operative period was unrelated to the original procedure. The unrelated procedure must be reported during the post-operative period of the original service.
- Return to the OR for a Related Procedure During the Postop Period-According to our policy, which is based on the AMA Coding with Modifiers Manual and Illinois Medicaid Policy, modifier 78 is used to indicate that subsequent procedure is related (i.e.,

complication) to the initial procedure and requires the use of an operating room. The related procedure must be reported during the post-operative period of the original service.

- Split Surgical Care Policy - Split Surgical Care Modifiers-According to our policy, which is based on CMS Policy and Illinois Medicaid Policy, modifiers 54 (Surgical care only), 55 (Postoperative management only), and 56 (Preoperative management only) should only be appended to procedure codes with a 30 day global period.

Non-Physician Practitioners (NPPs) Billing Major Surgical Procedures

- According to our policy, which is based on CMS and Illinois Medicaid Policy, major surgical procedures (30-day global period) are generally not a covered service when reported by a non-physician practitioner.

Same Procedure in the Post-Operative Period

- According to CMS Policy and Illinois Medicaid guidelines, when a provider bills a code for a major surgical procedure in the office setting and the same procedure has been billed globally by any provider in the previous 30 days, it is assumed that the second service represents post-operative care for the earlier service.

LEGAL/CONTRACT REFERENCE:

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])

FOCUS/DISPOSITION:

Responsibilities

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.

OPERATING PROTOCOL:

Systems

- Business application systems

Measurement

- Edit Accuracy
- Edit Application
- Overturn of Adjustment Rates

Reporting

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

INTER-/INTRADEPENDENCIES:

Internal

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit

External

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors
- Aetna Better Health

Kimberly Foltz
Interim Chief Executive Officer

Glen Davis, MD
Chief Medical Officer

Review/Revision History	
Revised	08/25/2025