



FEBRUARY 2020

Criteria and Process in Selected Surgical Procedures

Effective March 2, 2020, CountyCare will be refining its approach to authorization of select surgical procedures for adults specifically; major hepato-biliary and pancreatic surgeries, major open and laparoscopic colo-rectal surgeries, major vascular surgeries, and major gynecologic oncology surgeries. Please note there is no change to previously enacted criteria for cardiovascular surgeries, bariatric surgeries, or oncology treatments. Individual exceptions will be considered as needed.

All hospital providers desiring to perform select surgical procedures must meet the following criteria (at the hospital level unless specified):

- Documented process in place to ensure timely access defined by all new consults being scheduled within 7 days of the initial request (similarly, any follow-up consults, or pre-operative evaluations must also be able to be scheduled within an additional 7-day period)
- Documented and codified approach to patient navigation to ensure seamless care and tracking of the member during the pre-operative, operative, and post-operative phases of treatment
- Documented approach to outcomes tracking and monitoring in the relevant surgical specialties, including enrollment in and full participation in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP), or an equivalently rigorous and transparent program.

Also, the hospital must have at least one surgeon credentialed in the relevant specialty, with either 10 years of relevant operative experience and/or subspecialty fellowship training. The hospital must meet the following (annualized) relevant all-payer annual volume criteria at the hospital level rather than the physician level:

- Major hepato-biliary and pancreatic surgeries: 25 (including major bile duct repair, major pancreatic resections or bypasses, and major liver resections)
- Major open and laparoscopic colo-rectal surgeries: 125 (including small bowel, colon, and rectal resections)
- Major vascular surgeries: 150 (including hybrid open/endovascular, lower and upper extremity, and arterial and venous)
- Major gynecologic oncology surgeries: 80

Lastly, the hospital must express a willingness to engage in contracting for bundled payments that will hold the hospital accountable for all relevant costs and clinical outcomes in a 90-day period including facility, professional, and post-acute/re-admissions. Please note that the projected go-live date for the bundled payments is January 2021.

These criteria (other than the bundled contracting) will be operationalized March 2, 2020. This policy does not apply to members who are already in-patient at the time of first surgical consultation. Initial consultations for CountyCare members will be accommodated at Stroger Hospital within 7 business days. To discuss scheduling or if you have any questions please call 312.864.SURG. For any questions or concerns,

please contact CountyCare Customer Service 312. 864.8200 or CCH Clinic Managers 312.864.7874. We continue to welcome feedback from our providers regarding our approach with our network to manage quality, service, and costs.

Surgical Areas	Clinical Category	CPT Codes
Major Hepatobiliary & Pancreatic	Hepatic Resection (Open and Laparoscopic)	47120, 47130, 0FB00ZZ, 0FB10ZZ, 47780, 47379, and 0FBG0ZZ, 48140, 48150, 49329, 48155, and 47120.
	Bile Duct (Endoscopic, Laparoscopic, Excision, and Repair)	47550, 47552, 47553, 47554, 47555, 47556, 47562, 47563, 47564, 47570, 47579, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47712, 47715, 47720, 47721, 47740, 47741, 47765, 47780, 47785, 47800, 47801, 47802, 47900, and 47999.
	Pancreatic Incision, Excision, and Repair	48000, 48001, 48020, 48100, 48102, 48105, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48160, 48500, 48510, 48520, and 48999.
Major Colorectal (Open and Laparoscopic)	Abdominal and Intestinal (Colon and Small Intestine procedures)	44204, 44213, 44625, 44620, 44312, 44188, 44626, 44346, 44005, 44140, 44207, 44205, 44120, 44180, 44238, 44139, 44145, 44121, 45400, 44160, 44310, 44143, 45110, 44208, 45540, 44144, 57305, and 44799.
Vascular	Open Lower Extremity Revascularization	35566, 35053, 35371, 35372, 35303, 35304, 35661, 35666, 35571, and 35671.
	Endovascular Lower Extremity Revascularization	35355, 37221, 37223, 37226, 35623, and 37276
	Abdominal Aortic Aneurysm	35081, 34702, and 04B00ZZ
	Carotid Vertebral Revascularization	35301 and 37215
Gyne Oncology	Vulvectomy, radical, partial	56630 14.80
	Vulvectomy, radical, partial with Unilateral inguinofemoral lymphadenectomy	56631 18.99
	Vulvectomy, radical, partial with Bilateral inguinofemoral lymphadenectomy	56632 21.86
	Vulvectomy, radical, complete	56633 19.62
	Vulvectomy, radical, complete with Unilateral inguinofemoral lymphadenectomy	56634 20.66
	Vulvectomy, radical, complete with Bilateral inguinofemoral lymphadenectomy	56637 24.75

Vulvectomy, radical, complete with Inguinofemoral lymphadenectomy Iliac lymphadenectomy And Pelvic lymphadenectomy	56640 24.78
Omentectomy	58956, 58953, and 58954
Hysterectomy	58210 and 58548
Other Resection Procedure	58957, 49203, 38770, and 44146

***Please note CPT codes may require additional clarification over time**