



Reimbursement Policy: Split/Fragmented Billing (Commercial and Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20230033	6/04/2023	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the Reimbursement Policies webpage on connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Split/Fragmented billing is defined as services rendered by the same provider on the same date of service and submitted on more than a single claim. Split billing is inappropriate billing.

Policy Statement:

ConnectiCare requires that all services rendered by the same provider on the same date of service to be filed on a single claim.

When all services rendered are not submitted on a single claim, it prevents the application of all necessary claim edits and adjudication logic during claim processing. This may result in claims overpayment or underpayment; and member liability may be over/under applied.

Claims found to be split billed will be subject to pre-pay/post-pay audits, denials and recoveries.

Please check claims on record to identify split claims:

- If an individual provider submitted split or fragmented claims, resubmit all services as one corrected claim.
- If different providers submitted their own claims as ConnectiCare considers same provider as same provider group and specialty, you may have to submit a corrected claim to properly adjudicate the claim.



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Examples of inappropriate split billing*:

**Note: The examples provided below are not all-inclusive*

1. Two or more diagnostic imaging services with an MPFS indicator of 4 that are subject to MPPR.
 - a. Claim 1 contains a brain MRI global procedure with an MPFS indicator of 4.
 - b. Claim 2 contains a neck MRI global procedure with an MPFS indicator of 4.

Per ConnectiCare coding and payment guidelines, the primary procedure is reimbursed at 100% of the allowed amount, and subsequent procedures are reimbursed at 50% of the allowed amount.

2. Two services performed the same day one E&M and one procedure
 - a. Claim 1 contains a procedure code 10060.
 - b. Claim 2 contains a procedure code 99213-25

Per ConnectiCare coding and payment guidelines both procedures performed on the same day by an **individual** provider must be billed on the same claim. Failure to do so may result in incorrect claims adjudication or denials.

Revision History

Company(ies)	DATE	REVISION
ConnectiCare	4/22/2025	<ul style="list-style-type: none">• Added clarifying content to Policy Statement with guidance on submitting split or fragmented claims by an individual provider; resubmit all services as one corrected claim.• Clarification also added that ConnectiCare considers providers from same provider group and specialty as 'same provider', corrected claim should be submitted for proper claim adjudication. Per ConnectiCare coding and payment guidelines, procedures performed on the same day by the same provider must be billed on the same claim.
ConnectiCare	4/22/2025	<ul style="list-style-type: none">• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
EmblemHealth ConnectiCare	1/2023	<ul style="list-style-type: none">• New Policy