



PROVIDER BULLETIN
#10-2016

TO: Participating hospitals and ambulatory surgical centers that provide covered services to AmeriHealth New Jersey members

FROM: Michael S. Zollenberg
Vice President, Provider Network Operations

DATE: May 27, 2016

SUBJECT: Changes in reimbursement display

We are sending this bulletin to remind you that during the transition to our new claims processing platform, there was a change in the display of reimbursement for multiple outpatient surgeries for AmeriHealth New Jersey Comprehensive Major Medical (CMM) claims. In addition there was a change in display for inpatient stays for commercial and Medicare Advantage claims. Please note that regardless of payment methodology (i.e., per diem or diagnosis related group [DRG]), the reimbursement for services is displayed across all claim lines.

Outpatient surgeries

- **Claims processed on the previous platform.** Reimbursement for multiple outpatient surgical procedures were rolled up and displayed on *one payment line*, as shown below.

Claim ID	Claim line	Rev code	Procedure code	Contracted rate	Reimbursement
1234	1	0360	23130	\$100 x 2.5 = \$250	\$375.00
1234	2	0369	23156	\$50 x 2.5 = \$125	\$0.00

- **Claims processed on the new platform.** Reimbursement for multiple outpatient surgical procedures are displayed on *two or more separate payment lines*, as shown below.

Claim ID	Claim line	Rev code	Procedure code	Contracted rate	Reimbursement
1234	1	0360	23130	\$100 x 2.5 = \$250	\$250.00
1234	2	0369	23156	\$50 x 2.5 = \$125	\$125.00

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We encourage you to share this information with appropriate members of your staff.

Inpatient stays

- **Claims processed on the previous platform.** Reimbursement for an inpatient stay was rolled up and displayed on *one payment line*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$47.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$3,489.00
0011	3	300	5	\$1,000	–	\$0.00
0011	4	636	10	\$2,000	–	\$0.00
Total:				\$12,000	\$3536.00	\$3536.00

- **Claims processed on the new platform.** Reimbursement for an inpatient stay is displayed on *two or more separate payment lines*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$884.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$1,768.00
0011	3	300	5	\$1,000	–	\$294.67
0011	4	636	10	\$2,000	–	\$589.33
Total:				\$12,000	\$3536.00	\$3536.00

If you have any questions about this bulletin, please contact your Provider Partnership Associate.