



**PROVIDER BULLETIN**  
**#20-2018**

**TO:** Participating hospitals  
**FROM:** Provider Network Services  
**DATE:** October 29, 2018  
**SUBJECT:** Billing standards for outpatient facility claims

AmeriHealth HMO, Inc. (AmeriHealth) is committed to providing our employer-sponsored self-funded health plans with transparency regarding billing of health care services rendered to their employees. Ensuring provider use of appropriate modifier billing is an essential component toward this goal.

To date, AmeriHealth has only required appropriate modifier billing for those facilities who are reimbursed according to Ambulatory Payment Classifications (APC). However, in moving towards claim submissions following industry standard billing rules, we are requiring that our participating facilities bill with the appropriate modifiers when submitting *all* outpatient claims for AmeriHealth members, not just APC claim submissions.

We understand this is a change to a long-standing billing practice. Therefore, we are providing a notice period of at least 90 days where modifiers will not be required. However, it is recommended that participating facilities begin billing in the industry standard manner during this time, prior to our system enforcement, to ensure readiness for the effective date of the change.

Please work with your billing department to update your claim submission practices to ensure your systems are compliant with industry standard outpatient modifier billing guidelines, such as those outlined by the Centers for Medicare & Medicaid Services. We will monitor billing activity over the next few months and may conduct outreach to help ensure claim submissions contain the appropriate industry standard modifiers.

If you have additional questions about this bulletin, please contact us at [ahclameditquestions@amerihealth.com](mailto:ahclameditquestions@amerihealth.com).

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

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