



**PROVIDER BULLETIN**  
#15-2016

**TO:** Hospitals contracted under Ambulatory Payment Classifications (APC)

**FROM:** Daniel Brown  
Director, Provider Reimbursement

**DATE:** June 8, 2016

**SUBJECT:** Billing reminders for hospitals contracted under APC

We are sending this bulletin to remind you of 1) changes to APC reimbursements and proper claim submission and 2) updates to the fee schedule for outpatient procedures.

**APC reimbursement updates**

Effective January 1, 2012, APC reimbursement was added to your Hospital Agreement (Agreement) for certain AmeriHealth HMO, Inc. (AmeriHealth) products. Per your Agreement, the APC Group/Pricer and Fee Schedules published and distributed by the Centers for Medicare and Medicaid Services (CMS) are used to determine reimbursement. The reimbursement amount is the product of the CMS APC Pricer amount (or fee schedule amount) and the CMS Pricer Adjustment Factor.

***Reimbursement***

As of January 2016, CMS implemented updates to the Hospital Outpatient Prospective Payment System, OPPOS (APC Pricer). It is important that you have the most current version of the pricing application to ensure compliant billing practices. Use of the inappropriate version may result in inaccurate reimbursement.

***Claim submission***

For services applicable to APC reimbursement, when a provider has more than one National Provider Identifier (NPI) based on the specialty of service(s) they provide, he or she *must* use the NPI and coordinating taxonomy code, specific to acute-care services. This enables the accurate application of the provider's contractual business arrangements with AmeriHealth. **Failure to submit claims with the applicable NPI and correct correlating taxonomy code may result in incorrect claim processing and/or payment delays.**

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

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Please review the following examples and share this information with your billing staff/vendor.

**Incorrect billing practice:**

Revenue/Procedure code billed	Billing NPI	Specialty description	Taxonomy code	Taxonomy description
0324/71023 (Radiology – Diagnostic/Diagnostic Radiology)	12345XXXXX	Psychology, Clinical	103T00000X	Psychology, Clinical

**Correct billing practice:**

Revenue/Procedure code billed	Billing NPI	Specialty description	Taxonomy code	Taxonomy description
0324/71023 (Radiology – Diagnostic/Diagnostic Radiology)	11223XXXXX	Hospital – Acute Care	282N00000X	Hospital – Acute Care

**Quarterly fee schedule updates**

As outlined in your Agreement, due to changes in clinical practice and/or modifications to standard coding systems, we may add, delete, and/or re-categorize the fee schedule for outpatient procedures. AmeriHealth provides a 30-day written advance notice to facilities of such changes. It is imperative that these changes are reviewed to ensure accurate billing and claims reimbursement.

If a particular outpatient procedure is not listed on the applicable fee schedule, but we agree that it is a covered service, the following pricing rules will apply:

- **Surgical services:** AmeriHealth will establish a fee for the procedure in question, based on the current fees for similar services.
- **Non-surgical services:** Payment will be made based on the applicable “Percentage of Charges” until a fee is established.

AmeriHealth or its authorized representative has the right to review, within reason and with timely notice to the hospital, medical records pertaining to an outpatient service provided to members subject to the terms and conditions within your Agreement. In some instances, this may be necessary in establishing a fee for services rendered.

If you have any questions about this bulletin, please contact your Network Coordinator.