

Bulletin #01-2010

TO: Participating hospitals in New Jersey

FROM: Michael S. Zollenberg
Director, Network Service

DATE: February 16, 2010

SUBJECT: Notification of changes to billing policies and requirements

I am sending this bulletin to notify you of several changes that AmeriHealth has made to the policies and billing requirements detailed below. If you have questions about any of these changes, please contact your Hospital/Ancillary Services Coordinator.

NEW BILLING POLICY FOR PROFESSIONAL OFFICE-BASED SERVICES

Policy #00.10.39: Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus will be effective April 1, 2010.

The notification for this policy, which was released December 31, 2009, is available on our website at www.amerihealth.com/medpolicy under the *Policy Notifications* section. It was also outlined in the January 2010 edition of *Partners in Health UpdateSM*. Please review this notification of Policy #00.10.39.

BILLING FOR OUTPATIENT SURGERY SERVICES

Effective March 15, 2010, the following billing requirement will be added to the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers (Hospital Manual)* in Section 7 under *Outpatient surgery – How to bill for Outpatient surgery services*:

All services related to the outpatient surgery should be billed on the same claim. Surgeries performed on multiple dates should be billed on separate claims for each surgical date of service and include all of the services related to each surgery. Do not bill multiple surgical dates of service on the same claim.

BILLING FOR PHYSICIAN AND ADVANCED PRACTICE NURSE SERVICES

Effective March 15, 2010, the following clarification will be added to the *Hospital Manual* in Section 7 under *Additional billing information*:

Billing for physician and advanced practice nurse services. Physician and advanced practice nurse services may not be billed by a facility using a UB-04 claim form or 837I transaction. These services must be billed by the physician or advanced practice nurse using his or her NPI on a CMS-1500 claim form or through an 837P transaction.

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