A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

Memorandum

TO: To AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: November 21, 2003

SUBJECT: MISMATCHED PRECERTIFICATONS

We are aware that, at times, hospitals experience difficulty with claim payment as a result of a discrepancy between the service originally precertified and the service that was actually performed. Another scenario is that the service is approved under one provider number, but the claim is submitted under a different provider number.

The purpose of this bulletin is to stress the importance of accurately applying the precertification you receive from our Care Management and Coordination (CMC) department, formerly called Patient Care Management, to the correct service or provider for which it was intended.

The following examples indicate how to eliminate the possibility of mismatched precerts:

- If an inpatient service performed was different than the service for which precertification was obtained, please contact CMC prior to submitting the claim. The Precertification Specialist will then refer your call to the concurrent review staff before the precertification can be updated. If an outpatient service was different than the service precertified, the Precertification Specialist can add the secondary code to the precertification. If the Specialist cannot approve the procedure at this time, your request will be forwarded for review. These procedures will help eliminate claims denying because the service performed does not match that of the precertification**.**

- If your hospital has been assigned more than one AmeriHealth provider number to designate services other than medical/surgical (such as hospital-based skilled nursing facility services), it is very important to request that the precertification be issued to the performing provider under the correct provider number. In addition, if there is a change in the performing provider after precertification has been received, please notify CMC in order for the precertification record to be updated to reflect the correct provider name and number.

- When a patient is discharged from an acute care hospital to another facility, such as a skilled nursing facility, the hospital should contact CMC to request precertification. If the admitting provider changes, CMC should also be made aware of this information.

Also, the NaviNet system should be used to check for authorizations. If the authorization is incorrect or not present, it may be loaded under an incorrect provider number or member identification number. Please advise Care Management and Coordination immediately so they can review the case and make any necessary corrections.

If you have any questions regarding this bulletin, please contact your Hospital Service Coordinator or the Hospital Services Department at 856-778-6500.