



August 16, 2004

Change in Outpatient Billing Requirements

Provider Bulletin
04-014

The State of Wyoming's Department of Health will implement an Ambulatory Payment Classification (APC)-based fee schedule for outpatient hospital services in 2005. In preparation for implementation of a hospital Outpatient Prospective Payment System (OPPS), hospitals are required to increase the number of services that are reported with CPT/HCPCS coding to assure proper payment. This applies to general acute care hospitals and critical access hospitals. Effective with dates of service starting October 1, 2004, when submitting claims for Medicaid services provided in an outpatient hospital setting, the following billing changes are required:

- Billing for all services for the same date of service on the same claim.

All services provided to the Medicaid client by the hospital on the same day must be billed on a single claim. This includes multiple independent visits. An example would be a Medicaid client going to the emergency room in the morning for a broken arm and in the afternoon for the flu. Both visits would have to be billed together on the same claim.

- Billing for each day of a service on a separate line item.

All line items must show a valid date of service and each line-level date must be within the header-level date span. Span billing is allowed so long as each service is listed on a separate line with the actual date of service.

- Recording detailed CPT/HCPCS codes.



The following revenue codes require a valid CPT/HCPCS code and separate line for each date of service:

Revenue Codes Requiring a Valid CPT/HCPCS Code and a Separate Line for Each Date of Service			
26X	IV Therapy	46X	Pulmonary function
274	Medical/surgical supplies – Prosthetic/orthotic devices	47X	Audiology
30X	Laboratory	48X	Cardiology
31X	Laboratory Pathological	49X	Ambulatory surgical care
32X	Radiology – Diagnostic	51X	Clinic
33X	Radiology – Therapeutic	61X	Magnetic Resonance Imaging (MRI)
34X	Nuclear medicine	63X	Drugs Requiring Specific Identification
35X	Computed Tomographic (CT) Scan	640	Home IV therapy services
36X	Operating room	65X	Hospice services
38X	Blood	72X	Labor Room/Delivery
39X	Blood Storage and Processing	73X	Electrocardiogram (EKG/ECG)
40X	Other imaging services	74X	Electroencephalogram (EEG)
41X	Respiratory services	75X	Gastrointestinal services
42X	Physical therapy	76X	Treatment or Observation Room
43X	Occupational therapy	91X	Psychiatric/psychological services
44X	Speech language pathology	92X	Other diagnostic services
45X	Emergency room	94X	Other therapeutic services

Although other revenue codes do not require CPT/HCPCS codes, hospitals are advised to include them as the presence of certain codes may affect payment. For example, revenue codes 25X and 27X do not require a CPT/HCPCS code; however, including the appropriate CPT/HCPCS codes for drugs and supplies/devices may increase payment.

Billing Changes Continued

- Recording detailed modifiers.

Include modifiers as appropriate per CPT/HCPCS coding guidelines. For example, if the same CPT/HCPCS code is listed twice on a claim, indicate separate and distinct services by using a 25, 76, 77 or 91 modifier and indicate bilateral services by using a 50 modifier. For information on other modifiers approved for hospital outpatient use, please consult the CPT Manual.
- Recording detailed condition codes.

Include condition codes as appropriate per the National Uniform Billing Committee (NUBC). In particular, the presence of Condition Code G0 (distinct medical visit) is required when multiple medical visits occurred on the same day in the same revenue center.
- Recording detailed units.

Reported units must be appropriate to the CPT/HCPCS codes.
- Recording ICD-9 diagnosis codes to the greatest level of specificity (i.e., using the fourth or fifth digit when required).


Effective with dates of service starting October 1, 2004, Wyoming Medicaid will deny claims or line items that are not billed in accordance with these requirements.

If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Call Center at (307) 772-8401 or toll free at (800) 251-1268.

Call Center hours are Monday through Friday from 9am - 5pm.



Wyoming Department of Health
Public Health Insurance Program



Pharmacy
Group
6530

Important Changes! Please read!



ACS, Inc.
P.O. Box 667
Cheyenne, WY 82003-
0667

PHONE:
(800) 251-1269

IN CHEYENNE:
(307) 772-8401

FAX:
(307) 772-8405

We're on the Web!
<http://wyequalitycare.acs-inc.com>