PROVIDER*ALERT*

AmeriHealth Caritas Louisiana

To: **AmeriHealth Caritas Louisiana Providers**

Date: **May 24, 2019**

Subject: **Important Billing and Claims Processing Updates**

Summary: Important updates that may affect billing and claims processing.

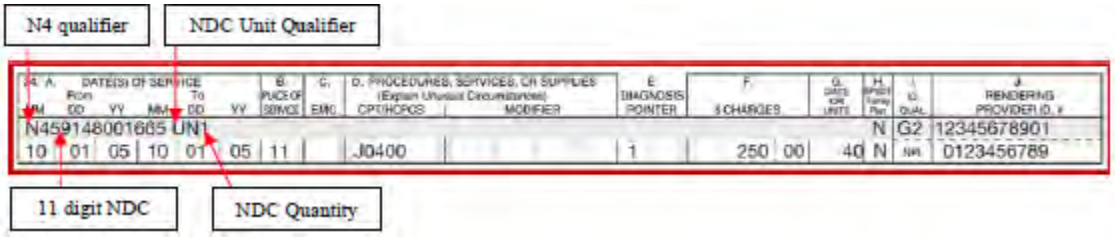
Important Note: *All claims submitted to AmeriHealth Caritas Louisiana must comply with applicable state and federal guidelines, state contract requirements, reimbursement policies, and submission requirements. For the most current information on claims submission procedures and health plan policies, please visit our website and refer to the Claims Filing Instructions.*

Reporting NDC Correctly on CMS 1500 and UB-04 Claim Forms:

- On a CMS 1500 claim form, the NDC needs to be reported in the shaded section of 24A-24G. Physicians and other providers who administer drugs and biologicals must enter the qualifier N4 followed by the 11 digit NDC number. Do not enter a space between the qualifier and the NDC number. Do not enter hyphens or spaces within the NDC. Providers should then leave one space and then enter the appropriate Unit Qualifier (see below) and the actual units administered in NDC units.

  The following qualifiers shall be used when reporting NDC units:
  - F2=International Unit
  - GR=Gram
  - ME=Milligram
  - ML=Milliliter
  - UN=Unit

  An example of how an NDC should be billed on a CMS 1500:



  The exception is Durable Medical Equipment (DME) providers entering NDC for enteral feeding products. DME providers billing enteral feeding products are only required to enter the 11-digit NDC number in the shaded section of 24A-24G.

- On a UB-04 claim form, the NDC needs to be reported in form locator 43. It is only necessary for hospital outpatient claims to include NDC information for all *****physician-administered drugs identified with an alphanumeric HCPCS code. Report the N4 qualifier in the first two (2) positions, left-justified. Immediately following the N4 qualifier, report the 11 digit NDC number in the 542 format with no hyphens. Immediately following the last digit of the NDC number, report the Unit of Measure Qualifier code(s). See qualifiers listed above:

  - F2=International Unit
  - GR=Gram
  - ME=Milligram
  - ML=Milliliter
  - UN=Unit

  Immediately following the Unit of Measure Qualifier code, report the unit quantity in NDC units with a floating decimal for fractional units limited to 3 digits (to the right of the decimal). A total of 10 digits may be entered-7 preceding the decimal and 3 following the decimal.

  An example of how NDC should be billed on a UB-04:

N	4	1	2	3	4	5	6	7	8	9	0	1	U	N	1	2	3	4	5	6	7	.	5	6	7

* NDC's are not to be reported for any other HCPCS codes reported with revenue codes 100-249, 260-629 or 640-999.

Billing Reminder for Newborn Claims – Mother and newborn claims must be billed separately. Please refer to the **National UB Manual** for the appropriate source of admit code to bill with a newborn claim and the appropriate nursery revenue codes to bill for a well-baby versus a sick baby.

When a newborn remains hospitalized after the mother's discharge, the claim must be split billed. The first billing of the newborn claim should be for charges incurred on the dates that the mother was hospitalized. The second billing should be for the days after the mother's discharge. The newborn assumes the mother's discharge date as his/her admit date and the hospital will be required to obtain a prior authorization.

Non-adherence to the above Louisiana Medicaid billing guidelines for newborns can result in claim denials, delays, and/or recoupments.

Reminder: Billing Revenue Codes 450 or 459 – Only one revenue code, 450 or 459, may be used per emergency room claim. The appropriate code should be used along with the appropriate CPT/HCPCS code.

One Initial Hospital Service Per Admission Allowance – AmeriHealth Caritas Louisiana follows Louisiana Medicaid's guidelines on Initial Hospital Care.

"Only one service from the current CPT listing of 'initial hospital care' procedure code range can be reimbursed per **inpatient stay** to the "admitting" provider. For initial inpatient encounters by physicians other than the admitting physician, subsequent hospital care codes or inpatient consultation codes, if

appropriate, are to be used." This information can be found in the Louisiana Medicaid Professional Services Manual, Section 5.1, Page 1 of 2.

Reminder: Observation Claim Billing Requirements – In accordance with Louisiana Department of Health's (LDH) Common Observation Policy noted in Informational Bulletin 18-7, AmeriHealth Caritas Louisiana will only reimburse up to 48 hours of medically necessary care for a member to be in an observational status. Any observation service over 48 hours requires authorization. Observation services paid beyond 48 hours that are not authorized are subject to recoupment.

Hospitals should bill the entire outpatient encounter, including emergency department, observation and any associated services on the same claim with the appropriate revenue codes. AmeriHealth Caritas Louisiana requires that observation service hours be billed on **one** line and not multiple lines.

Questions:
Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

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